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COV-01214 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER

10-1343919-1

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)	NAME (FIRST NAME)	NAME (MIDDLE NAME)	SUFFIX	DATE OF BIRTH (MMDDYYYY)
LOMOCOSO	LORETO	MESAROS	JR.	10/12/1978
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)	(CITY, COUNTRY, if born outside the Philippines)	
FILIPINO	ROMAN CATHOLIC	POBLACION DINAS	ZAMBOANGA DEL SUR	
HOME ADDRESS	(RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
PIDOK BUNGON	DON JOSE	DINAS	ZAMBOANGA DEL SUR	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
09100489193	005LOMOCOSO@gmail.com			
FATHER	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
LOMOCOSO	LORETO	DEL PIAR	SR.	
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
MESAROS	DOXPELITA	DEL PIAR		

B. DEPENDENT(S)/BENEFICIARY/ES

☐ Check this box if using additional sheet

SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILD/REN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1.					
2.					

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Profession/Business	Foreign Address	SS No./Common Reference No. of Working Spouse
Year Prof./Business Started		Monthly income of Working Spouse (P)
Monthly Earnings	Are you applying for membership in the Flexi-Fund Program?	I agree with my spouse's membership with SSS
B	Monthly Earnings	SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints



RIGHT THUMB

RIGHT INDEX

LORETO M. LOMOCOSO JR.

PRINTED NAME

SIGNATURE

June 25, 2019

DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR WS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
	P		
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P	DATE & TIME	DATE & TIME
START OF PAYMENT (FOR SE/OFW)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS BRANCH/SERVICE OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME