

**E-1**

COV-01214 (08-2015)

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

SS NUMBER

09-4004510-9

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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) <b>DELNAS</b> (FIRST NAME) <b>KEVIN</b> (MIDDLE NAME) <b>SERVANCIA</b> (SUFFIX)		DATE OF BIRTH (MMDDYYYY)
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others	
NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>	TAX IDENTIFICATION NUMBER (IF ANY)
PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>BRGY. NEW BARBAZA MLANG COTABATO</b>		
HOME ADDRESS (P.M./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLDG. NO.) (STREET NAME) (CITY/DIVISION) <b>BRGY. NEW BARBAZA MLANG COTABATO</b>		
(BARANGAY/SUBJECT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE <b>BRGY. NEW BARBAZA MLANG COTABATO</b>		
MOBILE/CELLPHONE NUMBER <b>09072019019</b>	E-MAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE) AREA CODE (TEL. NO.) <b>740</b>
FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>DELNAS EDGAR BATAIA SR</b>		
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>SERVANCIA JULIA JUANILLO</b>		

**B. DEPENDENT(S)/BENEFICIARY/IES**☐ 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 DATE OF BIRTH (MMDDYYYY)
1.	
2.	

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings <b>P</b>	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings <b>P</b>	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER-PRINTED NAME OF WORKING SPOUSE
Are you applying for membership in the Flex-Fund Program? <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
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BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICER/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/SERVICE OFFICE/CHIEF OF BSS)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

NOV 11 2015  
 KRIS NOEL G. TALBIN  
 DAVAO SSS