



COV-01214 (09-2015)

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

SS NUMBER

09-47403210

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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
ANGELIA	CHERRY JOY	LAO		10/06/1998
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)
<input type="checkbox"/> Male <input checked="" 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			N/A
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)		
FILIPINO	CATHOLIC	NEW LUNN ASUNCION, DAVAO DEL NORTE		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)	
		PUROK 2		
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
NEW LUNN	ASUNCION	DAVAO DEL NORTE		8102
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		
09274852420	etjy061998@gmail.com	N/A		
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
ANGELIA	QUER CIPRIANO	ANTIQUESA		
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
LAO	ANDROS	PAPELLERO		

## B. DEPENDENT(S)/BENEFICIARY/IES

☐ Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
N/A						
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
1.	N/A					
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.	N/A					
2.						

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

SELF-EMPLOYED (SE) Profession/Business BDD JB Year Prof./Business Started 5/2022 Monthly Earnings P 300	OVERSEAS FILIPINO WORKER (OFW) Foreign Address N/A Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse N/A Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
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## 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.

CHERRY JOY ANGELIA  
PRINTED NAMEC. Angelia  
SIGNATURE04/28/22  
DATE

RIGHT

RIGHT INDEX

## PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE's MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED BY (SSS, BRANCH/SERVICE OFFICE)
	P		05 MAY 2022
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	DATE & TIME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS, BRANCH/SERVICE OFFICE)	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		