



E-1

COV-01214 (09-2015)

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

SS NUMBER

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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
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SEX	CIVIL STATUS	TAX IDENTIFICATION NUMBER (IF ANY)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input 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)
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HOME ADDRESS (RM/FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
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(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
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MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
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FATHER	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
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MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
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B. DEPENDENT(S)/BENEFICIARY/IES Check this box if using additional sheet.

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

2.

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Are you applying for membership in the Flexi-Fund Program? Monthly Earnings P	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
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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.

RIGHT THUMB	RIGHT INDEX
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PRINTED NAME

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY SSS

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

INSTRUCTIONS

1. Fill out this form and submit to the nearest SSS branch office together with the required documents.

2. Fill out the applicable portions as follows:

Parts I-A, B and D, if applying for SS number as pre-employment requirement

Parts I-A, B, C and D, if applying for Self-Employed, Overseas Filipino Worker (OFW) or Non-Working Spouse membership

- For Part I-B "DEPENDENT(S)/BENEFICIARY/IES", use "Additional Sheet for Dependent(s)/Beneficiary/(ies)", if necessary.

3. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.

4. If this form is to be downloaded from the internet, please fill-out in two (2) copies.

REMINDERS

1. New registrant who is over sixty (60) years old and not a surviving spouse pensioner/guardian of a pensioner, is not qualified to apply for an SS number.

2. Your SS number is your lifetime number. You should not have more than one SS number.

3. The following required documents should be the original or certified true copy issued by the City or Municipal Civil Registrar or Philippine Statistics Authority/National Statistics Office:

- 3.1 Birth Certificate
- 3.2 Marriage Contract/Marriage Certificate
- 3.3 Death Certificate

4. All identification (ID) cards and/or documents with English translation issued by foreign government are acceptable.

LIST OF DOCUMENTARY REQUIREMENTS

Always present the original or certified true copy/ies when submitting the photocopy/ies of the required ID card(s) and/or document(s).

A. ID Cards and/or Documents for the Issuance of SS Number

Birth Certificate, or in its absence, any of the following documents:

- Baptismal Certificate or its equivalent
- Driver's License
- Passport
- Professional Regulation Commission (PRC) card
- Seaman's Book (Seafarer's Identification and Record Book)

In the absence of the above ID cards and/or documents, any two (2) of the following documents both with the correct name and at least one (1) with date of birth:

- Alien Certificate of Registration
- ATM card (with cardholder's name)
- Bank Account Passbook
- Baptismal Certificate of child/ren or its equivalent
- Birth Certificate of child/ren
- Certificate of Confirmation issued by National Commission on Indigenous Peoples (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Muslim Filipino Tribal Affiliation issued by National Commission on Muslim Filipinos
- Company ID card
- Court Order granting petition for change of name or date of birth
- Credit card
- Firearm License card issued by Philippine National Police (PNP)
- Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
- Health or Medical card
- Home Development Mutual Fund (Pag-IBIG) Transaction card/Member's Data Form
- Homeowners Association ID card
- ID card issued by Local Government Units (LGUs) (e.g., Barangay/ Municipality/ City)
- ID card issued by professional association recognized by PRC
- Life Insurance Policy

- Marriage Contract/Marriage Certificate
- National Bureau of Investigation (NBI) Clearance
- Overseas Worker Welfare Administration (OWWA) card
- Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
- Police Clearance
- Postal ID card
- School ID card
- Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
- Senior Citizen card
- Student Permit issued by Land Transportation Office (LTO)
- Taxpayer's Identification Number (TIN) card
- Transcript of Records
- Voter's ID card/Affidavit/Certificate of Registration

B. Additional Supporting Documents

For married

- Marriage Contract/Marriage Certificate **or** a copy of Member Data Change Request form (SS Form E-4) of the spouse duly received by the SSS where the name of the registrant is reported as the spouse

For widowed

- Marriage Contract/Marriage Certificate
- Marriage Contract/Marriage Certificate **and** Death Certificate of spouse **or** Court Order on the Declaration of Presumptive Death, if previously reported spouse is presumed dead

For legally separated

- Decree of Legal Separation

For annulled or with void marriage

- Certificate of Finality of Annulment/Nullity or annotated Marriage Contract/Marriage Certificate

For divorced

- Decree of Divorce **and** Certificate of Naturalization (granted before divorce) or its equivalent

For divorced Muslim member

- Certificate of Divorce (OCRG Form No. 102)

For reporting child/ren - whichever is applicable

- Birth Certificate/s **or** Baptismal Certificate/s or its equivalent

C. - Decree of Adoption

Documents for local enrolment in the Flexi-fund Program

Valid Overseas Employment Certificate (OEC) or E-receipt issued by POEA



Republic of the Philippines
SOCIAL SECURITY SYSTEM
ADDITIONAL SHEET

FOR DEPENDENT(S)/BENEFICIARY(IES)

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NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
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ADDITIONAL DEPENDENT(S)/BENEFICIARY(IES)

CHILD/REN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.					
2.					
3.					
4.					
5.					

OTHER BENEFICIARY/IES (<i>If without spouse & child and parents are both deceased</i>) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)			RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.				
2.				

PRINTED NAME OF REGISTRANT

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY SSS

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE & TIME	DATE & TIME	DATE & TIME