



E-6

SOCIAL SECURITY SYSTEM APPLICATION FOR SOCIAL SECURITY CARD

Republic of the Philippines

COV- (02-2011)

Please read the instructions/reminders at the back before accomplishing this form.

Print all information in capital letters and use black ink only.

PART I - TO BE FILLED OUT BY THE APPLICANT

SS NUMBER/COMMON REFERENCE NO. 0 0	NAME (LAST NAME)	(SUFFIX)	(FIRST NAME)	(MIDDLE NAME)
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A. FACTS OF BIRTH

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MM/DD/YYYY) 	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)
NAME OF FATHER (FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	(SUFFIX)	
MOTHER'S MAIDEN NAME (FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	(SUFFIX)	

B. CURRENT DEMOGRAPHIC DATA

ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/ LOT & BLK NO.)	(STREET NAME)
(BARANGAY/DISTRICT/LOCALITY)	(SUBDIVISION)	
(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY) ZIP CODE
MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed/Widower <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced/Annulled	TIN 	
HEIGHT (CENTIMETERS)	WEIGHT (KILOS)	DISTINGUISHING FACIAL FEATURES
TELEPHONE NUMBER 	MOBILE NUMBER 	E-MAIL ADDRESS (IF ANY)

C. DECEASED/PENSIONER MEMBER DATA

If you are a surviving spouse/guardian/dependent of deceased/pensioner member, indicate his/her SS number and full name below.

SS NUMBER/COMMON REFERENCE NO. 0 0	NAME OF MEMBER(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
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D. PURPOSE

<input type="checkbox"/> INITIAL ENROLLMENT	<input type="checkbox"/> Replacement of Lost Card	<input type="checkbox"/> Amendment of Authenticating Finger	<input type="checkbox"/> Others
<input type="checkbox"/> CARD REPLACEMENT	<input type="checkbox"/> Amendment of Demographic Data	<input type="checkbox"/> Replacement of Damaged Card	
<input type="checkbox"/> Amendment of Name			
<input type="checkbox"/> Amendment of Facts of Birth			

E. APPLICANT'S CERTIFICATION

I declare that I am fully aware that the above data shall be used for the Unified Multi-Purpose ID (UMID) System and that it shall form part of the CRN Registry. I trust that the above data shall remain confidential hence, I give my consent that the same data be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of the UMID System under Executive Order Nos. 420 and 700. I further affirm that all statements/data, which appear in this form and made by me are true and complete to the best of my knowledge and belief.

_____ SIGNATURE OVER PRINTED NAME	_____ DATE	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">RIGHT THUMB</div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">RIGHT INDEX</div>
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(Affix your fingerprints only upon instruction of SSS personnel.)

WITNESS TO FINGERPRINTING, IF APPLICANT CANNOT SIGN:

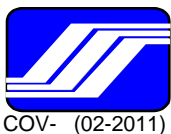
_____ SIGNATURE OVER PRINTED NAME	_____ DESIGNATION	_____ DATE
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PART II - TO BE FILLED OUT BY SSS

IDENTIFICATION/DOCUMENT(S) PRESENTED	REMARKS
VERIFIED AND RECEIVED BY: _____ SIGNATURE OVER PRINTED NAME	RECEIVING BRANCH
_____ DATE	DATA CAPTURED BY: _____ SIGNATURE OVER PRINTED NAME
_____ TIME	_____ DATE

PERFORATE HERE

Republic of the Philippines



SOCIAL SECURITY SYSTEM APPLICATION FOR SOCIAL SECURITY CARD ACKNOWLEDGMENT SLIP

SS NUMBER 0 0	NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
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VERIFIED & RECEIVED BY: _____ SIGNATURE OVER PRINTED NAME	_____ DATE	_____ TIME	_____ BRANCH	DATA CAPTURED BY: _____ SIGNATURE OVER PRINTED NAME	_____ DATE
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INSTRUCTIONS

1. Fill out this form in one (1) copy and submit to the SSS branch office nearest the place of your work (if you are employed) or your residence (if not employed).
2. Submit this form together with the supporting documents/IDs; and
If replacement,
 - Validated Miscellaneous Payment Return (SS Form R-6) or SS Form R-6 with Special Bank Receipt; and
 - Affidavit of Loss, if lost; or the old SS card if due to other reason.
3. Pay the required fee using the Miscellaneous Payment Return (SS Form R-6) to any SSS branch with tellering facilities, SSS-accredited banks or SSS-authorized payment centers for replacement of card.
4. Use "x" to tick/pick applicable box to indicate choice.
5. Indicate "suffix", if any, which refers to name extension such as Jr., II, III, 2nd, etc.
6. Indicate maiden name for married female member on the appropriate row.
7. Indicate **permanent address** rather than the temporary mailing address. For example, if with permanent residence in the province but working or staying in Manila during weekdays, indicate the provincial address instead of the Manila address.
8. Write the "Height" in centimeters and "Weight" in kilos. (To convert: 1 ft = 30.38cm; 1 in = 2.54cm and 1 lb = 0.4536 kg).
9. Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
10. Mark only one (1) under "Purpose" as follows:
 - Select "Initial Enrollment", if never been issued Common Reference Number (CRN)/Unified Multi-Purpose Identification (UMID) card; or
 - Select "Replacement" and the corresponding reason.
11. **Affix your fingerprints only upon the instruction of SSS personnel.**
12. Present your acknowledgement slip together with the supporting documents/IDs and the validated SS Form R-6 or SS Form R-6 with SBR, if any, when verifying the status of your card.

REMINDER

1. This form can also be downloaded or filled out electronically thru the SSS website (www.sss.gov.ph).