



(05-2013)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

THIS FORM IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND 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 MEMBER

A. PERSONAL DATA

SS NUMBER	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
LOCAL ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK NO.)	(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
			ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	
FOREIGN ADDRESS (FOR OVERSEAS FILIPINO WORKER)		COUNTRY	ZIP CODE

B. TYPE OF DATA CHANGE

A. CONVERSION OF MEMBERSHIP STATUS (From T to P)

B. CORRECTION OF NAME

	FROM	TO
<input type="checkbox"/> Last Name	_____	_____
<input type="checkbox"/> First Name	_____	_____
<input type="checkbox"/> Middle Name	_____	_____

C. CORRECTION OF DATE OF BIRTH

	FROM	TO
<input type="checkbox"/> Month	_____	_____
<input type="checkbox"/> Day	_____	_____
<input type="checkbox"/> Year	_____	_____

D. CHANGE OF CIVIL STATUS

For Female members: Accomplish the "FROM" and "TO" portions, if also requesting for change of name.

	FROM	TO
<input type="checkbox"/> Single to Married	_____	_____
<input type="checkbox"/> Married to Widowed	_____	_____
<input type="checkbox"/> Married to Re-married	_____	_____
<input type="checkbox"/> Reversion from Married to Single (if legally married to reported spouse)	_____	_____
<input type="checkbox"/> Reversion from Married to Single (if not legally married to reported spouse)	_____	_____

E. CORRECTION OF GENDER

From Male to Female

From Female to Male

F. DEPENDENT(S)/BENEFICIARY(IES)

New/Additional

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)
1.				
2.				
3.				

Deletion

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)
1.				
2.				
3.				

C. CERTIFICATION

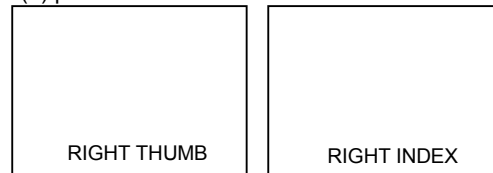
I certify that the information provided in this form are true and correct.

PRINTED NAME	SIGNATURE	DATE
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If registrant cannot sign, affix fingerprints to be witnessed by two (2) persons.

Below are the witnesses to fingerprinting:

1)	PRINTED NAME	SIGNATURE	DATE
2)	PRINTED NAME	SIGNATURE	DATE



PART II - TO BE FILLED OUT BY SSS

RECEIVED BY	ENCODED BY
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE & TIME	DATE & TIME
REVIEWED BY	APPROVED BY
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE & TIME	DATE & TIME

INSTRUCTIONS

1. Fill out this form in two (2) copies without erasures and alterations.
2. Place a checkmark on the applicable box.
3. Always indicate "N/A" or "Not Applicable" if the required data is not applicable.
4. Present identification document/s.

Filed by member

- Social Security (SS) Card or any two (2) valid IDs (at least one (1) with photo and signature)

Filed by authorized representative

- Representative's SS Card or any two (2) valid IDs (at least one (1) with photo and signature)
- Member's SS Card or any two (2) valid IDs (at least one (1) with photo and signature)
- Letter of Authority

Filed by company representative

- Authorized Company Representative Card (ACR) or LOA and any two (2) valid IDs (at least one (1) with photo and signature)
- Member's SS Card or any two (2) valid IDs (at least one (1) with photo and signature)

5. Submit this form personally together with the original/certified true copy and photocopy of the required documents, if any, as follows:

a. For correction of name and/or date of birth (DOB)

a.1 Birth Certificate

In the absence of the Birth Certificate,

a.1.1 Certificate of Non-Availability of Birth Records from the City/Municipal Civil Registrar/National Statistics Office (NSO)/National Archives for both the previously recorded and alleged correct name/date of birth

a.1.2 Any **TWO** of the following secondary documents showing the correct name/DOB:

- | | |
|--|--|
| - Alien Certificate of Registration | - Marriage Contract (Must show the DOB, if for DOB correction) |
| - Baptismal Certificate | - NBI Clearance |
| - Baptismal Certificate of child or its equivalent, if for correction of name only | - Pag-Ibig Fund Member Data Record |
| - Certificate of Naturalization or its equivalent | - Passport (Unexpired) |
| - Certification form the Office of the Cultural Minorities | - PHIC Member Data Record |
| - Driver's License - Local/international | - Record of Employment |
| - Firearms License | - School Records |
| - GSIS Member Record | - TIN Card |
| - Life Insurance Policy | - Voter's ID/Affidavit or Certificate of Registration authenticated by Commission on Elections (COMELEC) |

a.1.3 Joint Affidavit of two (2) persons who have personal knowledge of the facts and circumstances in the use of the different names/middle names, **if correction to totally different name/middle name.**

b. For correction of name due to naturalization

b.1 Certificate of Naturalization or its equivalent

b.2 Passport issued by the host country

b.3 Identification Certificate from the Bureau of Immigration or Court Decision/Order from host country or its equivalent

c. For addition/deletion of middle name for reason of illegitimacy

c.1 Birth Certificate

d. For change of civil status - Any of the following document/s, whichever is applicable:

d.1 If from single to married

d.1.1 Marriage Contract

d.2 If widowed

d.2.1 Death Certificate of spouse

d.3 If from married to re-married

d.3.1 New Marriage Certificate, and any of the following whichever is applicable:

- Death Certificate, if due to death of previously reported spouse
- Certificate of Finality of Annulment, if marriage is annulled
- Certificate of Finality of Nullity, if marriage is null and void
- Certificate of Finality of Declaration of Presumptive Death, if spouse is presumed dead
- Decree of Divorce and Certificate of Naturalization or its equivalent, if due to divorce
- Certificate of Divorce (OCRG Form No. 102), if Muslim member

d.4 If reversion from married to single and legally married to reported spouse

d.4.1 Death Certificate, if due to death of previously reported spouse

d.4.2 Certificate of Finality of Annulment, if marriage is annulled

d.4.3 Certificate of Finality of Nullity, if marriage is null and void

d.4.4 Certificate of Finality of Declaration of Presumptive Death, if due to presumptive death of spouse

d.4.5 Decree of Divorce and Certificate of Naturalization or its equivalent, if due to divorce

d.5 If reversion from married to single and not legally married to reported spouse

d.5.1 Certificate of No-Marriage (CENOMAR) from NSO; and

d.5.2 Affidavit executed by the member attesting to the fact of the non-existence of marriage between him/her and the reported spouse

e. For new/additional beneficiary/dependent - Any of the following whichever is applicable:

e.1 Marriage Certificate, if spouse

e.2 Birth Certificate, if children

f. For deletion of beneficiary

f.1 Marriage Certificate, if from parents/other person to spouse

f.2 Birth Certificate, if from parents/person other than the spouse to children

f.3 Whichever is applicable, if from spouse to another spouse

- Death Certificate, if due to death of previously reported spouse

- Certificate of Finality of Annulment, if marriage is annulled

- Certificate of Finality of Nullity, if marriage is null and void

- Certificate of Finality of Declaration of Presumptive Death, if due to presumptive death of spouse

- Decree of Divorce and Certificate of Naturalization or its equivalent, if due to divorce

- Certificate of Divorce (OCRG Form No. 102), if Muslim member

REMINDERS

1. Members who are requesting for correction of name and date of birth should submit a birth certificate duly authenticated by NSO with two (2) secondary documents, **if birth certificate is late registered.**
2. Female members who are changing their status to married should accomplish the correction of name portion if she will use her married name.