Republic of the Philippines
SOCIAL SECURITY SYSTEM

PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID (UMID) CARD APPLICATION (E-1/E-6)

Transaction Number: MO0443IW202103098014 Date/Time Generated: 09 March 2021 02:31:50 PM

SS NUMBER
35-0283999-6

NAME

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
CABATINGAN	GRACE	DE LEON	

FACTS OF BIRTH

DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)	SEX
10192000	LAPU-LAPU CITY (OPON)	CEBU	PHILIPPINES	FEMALE

	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
FATHER'S NAME	CABATINGAN	JUNIFER	CORTES	
MOTHER'S MAIDEN NAME	DE LEON	ROSILL	DUNGOG	

DEMOGRAPHIC DATA

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)	(STREET NAME)	(SUBDIVISION)
	SUBA-MASULOG	

(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE
BASAK	LAPU-LAPU CITY (OPON)	CEBU	6015	0063

CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY	RELIGION
SINGLE	1.51	47		FILIPINO	CHRISTIAN

OTHER CARD APPLICANT DATA

TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS
	(0998) 429-7052	cabatingangrace8@gmail.com

DEPENDENT(S)/BENEFICIARY/IES

SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(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 deseased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					

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

SELF-EMPLOYED (SE)

Profession/Business

Year Prof./Business Started

Monthly Earnings

OVERSEAS FILIPINO WORKER (OFW)

Foreign Address

Monthly Earnings

Are you applying for membership in the Flexi-Fund Program?

☐ YES ☐ NO

NON-WORKING SPOUSE (NWS)

SS No./Common Reference No. of Working Spouse

Monthly Income of Working Spouse (P)

PURPOSE OF APPLICATION

PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
FOR EMPLOYMENT		

UMID CARD APPLICATION WITH ATM OPTION

☑ UMID CARD AS ATM CARD	(BANK NAME)	(BANK BRANCH)
	UNION BANK OF THE PHILIPPINES	UNIONBANK

CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION

1. I certify that the information provided are true and correct.
2. I hereby consent to:
   - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;
   - sharing of these data with SSS service providers to carry out the purposes stated above; and
   - disposal of this application in the manner consistent with the Data Privacy Act.
3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.
4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.