



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

Transaction Number: MO0421IW202102165205 Date/Time Generated: 07 June 2021 08:14:32 AM

SS NUMBER		35-0185251-8	
NAME			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
BAGUID	RIZZA MAE	CASQUEJO	
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)
07232000	CEBU CITY (CAPITAL)	CEBU	PHILIPPINES
FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
BAGUID	EDWIN	ELARDO	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
CASQUEJO	MARLYN	VILLACORTA	
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)	(STREET NAME)	(SUBDIVISION)	
BLK.9 LOT 2	VILLA ST. JOSEPH HOMEOWNERS ASSOCIATION		
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE COUNTRY CODE
BASAK PARDO	CEBU CITY (CAPITAL)	CEBU	6000 0063
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S NATIONALITY RELIGION
SINGLE	155	65	FILIPINO MCGI
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS	
	(0995) 849-4105	ressamaeybaguid@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 deceased)			
(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)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)	
Profession/Business	Foreign Address	SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started			
Monthly Earnings	Monthly Earnings Are you applying for membership in the Flexi-Fund Program?	Monthly Income of Working Spouse (P)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF APPLICATION			
PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT			
UMID CARD APPLICATION WITH ATM OPTION			
<input checked="" type="checkbox"/> 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.			