



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

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SS NUMBER 06-4636375-8	
NAME BAJADA EMERSON ATADERO	
DATE OF BIRTH (MMDDYYYY) 12072000	SEX MALE
FACTS OF BIRTH PLACE OF BIRTH (CITY/MUNICIPALITY) CALOOCAN CITY CITY/TOWN/VILLAGE METRO MANILA COUNTRY PHILIPPINES	
FATHER'S NAME (LAST NAME) BAJADA	MIDDLE NAME (SUFFIX) ULDARICO TISMO
MOTHER'S MARDEN NAME (LAST NAME) ATADERO	MIDDLE NAME (SUFFIX) NORA DEMAYO
DEMOGRAPHIC DATA HOME ADDRESS (NO. & STREET NO. & BLDG. NAME OR HOUSE NO. & BLK. NO.) ZONE 3 CITY/TOWN/VILLAGE ARINGIT PASTRANA, LEYTE POSTAL CODE 6514 COUNTRY CODE 0063	
CIVIL STATUS SINGLE HEIGHT IN CENTIMETERS 162.56 WEIGHT IN KILOGRAMS 55 DISTINGUISHING FEATURES SS NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC	
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (AREA CODE + TEL. NO.) (0907) 155-4381 MOBILE NUMBER cas.bael.bajada.emerson2@gmail.com EMAIL ADDRESS	
DEPENDENTS/BENEFICIARIES SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MMDDYYYY)) BAJADA EMERSON ATADERO CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MMDDYYYY)) 1 2 3 4 5	
OTHER BENEFICIARY (E-Sign without spouse & child and parents are both deceased) 1 BAJADA EMERSON ATADERO RELATIONSHIP Spouse DATE OF BIRTH (MMDDYYYY) 10/22/2000	
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE PROFESSION/BUSINESS Foreign Address Year Prof./Business Started Monthly Earnings As you report to membership in the Reporting Program <input type="checkbox"/> Yes <input type="checkbox"/> No SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT PROFESSION/BUSINESS ESTIMATED MONTHLY SALARY	
UMID CARD AS ATM CARD (BANK NAME) <input type="checkbox"/> UMID CARD AS ATM CARD (BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION I certify that the information provided are true and correct. I hereby consent to: • the collection, data capture, storage, biometric mapping and the retention of my personal data for the generation/issuance 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 for the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. I have read all these data and I hereby consent to 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.	

INSTRUCTIONS

- Fill out this form in one (1) copy.
- Entirementments are encouraged. However, if necessary, such will be limited to two (2) errands/missions only. Always arrive early at an errands/mission on the date.
- Fill a checklist on the back of the form.
- Always indicate "NA" or "Not Applicable" if the required data is not applicable.
- Indicate the home address, if permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms to convert: 1.1 = 26.46 lbs. 1.2 = 26.46 lbs. 1.3 = 28.66 lbs.
- Write 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 cheekbone".
- Always indicate the following necessary information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if apply locally
 - Email address, if applied abroad
 - Card applicant cannot provide the required middle name/initial address, indicate the card applicant's immediate family member's mobile number/initial address where SSS can communicate with the card applicant.
- For all types of card replacement, only the required fee at any SSS branch-office/authorized bank/collecting agent. Write the Special Bank Receipt (SSS-Form 100) Transaction Reference Number on the last provided and submit this form together with the required documents and proof of payment to the nearest SSS Branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data capture is required.
- Submit this form to the nearest SSS branch with the following documents:
 - Documentary Requirements Guide
 - Identification Requirements (Present the original)
 - Identification Requirements (Present the original)

DOCUMENTARY REQUIREMENTS GUIDE

- | IDENTIFICATION REQUIREMENTS (Present the original) | IDENTIFICATION REQUIREMENTS (Present the original) |
|--|--|
| <ol style="list-style-type: none"> Primary ID Application/UMID Card (1) of the following: <ul style="list-style-type: none"> 1. Driver's License 2. Social Security Card 3. Voter's Certificate 4. Civil Registrar's Registration 5. Passport 6. Firearm Registration 7. License to Drive and Possess Firearms 8. National Bureau of Investigation (NBI) Clearance 9. National Identity Card 10. Return to Care Program Certificate of Residency 11. Student's Identification & Record Book (Deanman's Book) 12. Over-18 Card 13. Proof of payment Any two (2) of the following documents, both with signature and a valid one (1) with photo (in absence of a primary): <ul style="list-style-type: none"> A. ATM Card and other reasons B. Proof of payment | <ol style="list-style-type: none"> Current requirement due to replacement of data/underwriting agent: <ul style="list-style-type: none"> 1. Previously issued SS digitized ID or UMID card of the card applicant. 2. Social Security Card 3. Daily requirement of UMID Card For card replacement due to lost SS digitized ID or UMID Card: <ul style="list-style-type: none"> 1. Proof of payment 2. Daily requirement of UMID Card For card replacement due to non-report of UMID Card: <ul style="list-style-type: none"> 1. Proof of payment 2. Daily requirement of UMID Card For card replacement due to non-report of UMID Card: <ul style="list-style-type: none"> 1. Noted-Email from Member Management Department (MMD) and the course/losses not able to deliver the UMID Card 2. Proof of payment 3. Proof of payment 4. ATM Card and other reasons 5. Proof of payment |

REMARKS

- Card applicants who choose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch office within thirty (30) days from receipt of UMID notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-day claiming period shall be verified thru UMID / SSS hotline. Unclaimed UMID Cards beyond 60 days shall be produced or destroyed.
- For all types of card replacement, you may require an identification card (ID) or email or text, with biometric growth.
- Card applicants shall be required to verify the state/availability of their UMID Cards with change of mobile number after the card application was made or receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



VIRTUAL Pag-IBIG v1.179

Create and Activate your account online

MEMBER INFORMATION

Pag-IBIG MID No.:

121325696502

Member's Name :

EMER*** ATAD*** BAJ***

