



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

MO0283IW202307189055 Date/Time Generated: 18 July 2023 06:06:09 PM

SS NUMBER 06-4623941-3					
NAME					
(LAST NAME) ESTANDARTE	(FIRST NAME) LEIGH RYAN	(MIDDLE NAME) MAGSAYO	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 03262004	PLACE OF BIRTH (CITY/MUNICIPALITY) LILOAN	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) ESTANDARTE	(FIRST NAME) RYAN	(MIDDLE NAME) QUIMADA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) MAGSAYO	(FIRST NAME) CHRISTIANE	(MIDDLE NAME) RIODEQUE	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) BLK 9 LT 5		(STREET NAME) CHERRY BLOSSOM STREET	(SUBDIVISION) VILLA AZALEA		
(BARANGAY/DISTRICT/LOCALITY) COTCOT	(CITY/MUNICIPALITY) LILOAN	(PROVINCE) CEBU	POSTAL CODE 6002	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT IN CENTIMETERS 169	WEIGHT IN KILOGRAMS 54	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE - TEL. NO.)		MOBILE NUMBER (0970) 172-4110	EMAIL ADDRESS leighryan@outlook.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	ESTANDARTE	SWEET RHYIANNE	MAGSAYO	Sister	02192005
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NDN-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Final-Fund 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 APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> 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. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>					



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **152513510831**
 Member Category : INFORMAL ECONOMY NHTS Coverage :
 Sub-Category : INFORMAL SECTOR Effectivity Period :

ESTANDARTE, LEIGH RYAN MAGSAYO
 COTCOT, LILOAN, CEBU 6002

Foreign Address : N/A Sex : Male
 Date of Birth : 03/26/2004
 Place of Birth : LILOAN, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POCN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.
 07/18/2023 4:58:27 pm 30815923 30815923 / 07/18/2023



LISA GRACE S. ...
 National Statistician and Civil Registrar
 BRen
 02223-B04ES05-2
 UB/U3-5B-004RRF-01048-BI001
 BEST POSSIBLE IMAGE

DATA FORM

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121326471145
REGISTRATION TRACKING NUMBER	923232242346

EMPLOYED

PERSONAL DETAILS			
NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
RYAN		MAGSAYO	<input type="checkbox"/>
		QUIMADA	<input type="checkbox"/>
		RICOQUE	<input type="checkbox"/>
			<input type="checkbox"/>
		MAGSAYO	<input type="checkbox"/>

Unmarried	TAXPAYER IDENTIFICATION NUMBER (TIN)	
CITIZENSHIP	SSS NUMBER	0646239413
FILIPINO	GSIS NUMBER	
FACIAL FEATURES	EMPLOYEE NUMBER	
PIP SAVINGS (MS) PAYMENT	For AFP/FPF Employee - Serial/Badge No.	
	For DepEd Employee - Division Code-Station Code	

ADDRESS AND CONTACT DETAILS	
Home Cell Phone Business (Direct Line) Business (Trunk Line) Email Address	COUNTRY + AREA CODE + TELEPHONE NUMBER
	+63 (0832) 3849188
	+63 (0970) 1724110
	ewighryan@gmail.com
Block No. 5	Phase No. 2A
Street LOCAL 1	Barangay COTCOT
	ZIP Code 8002

DO NOT REPRODUCE. NOT FOR SALE.

