



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

MO0867IW202206097828 Date/Time Generated: 09 June 2022 12:14:08 PM

SS NUMBER 06-4411304-9	
NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) LAÑOJAN JULIE MARIE APURADO	
FACTS OF BIRTH (DATE OF BIRTH (MMDDYYYY)) (PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) (SUFFIX) 07282001 MANDAUE CITY CEBU PHILIPPINES FEMALE	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) LAÑOJAN MARLAN SEGUERRA	
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) APURADO ANAVIC ENCLUNAR	
DEMOGRAPHIC DATA (HOME ADDRESS (RM, FLR/UNIT NO. & BLDG. NAME or HOUSE/LDT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) 0323 N/A BANTAYAN SA HARI N/A LOOC MANDAUE CITY CEBU 6014 0063	
CIVIL STATUS (HEIGHT (IN CENTIMETERS)) (WEIGHT (IN KILOGRAMS)) (DISTINGUISHING FEATURE/S) (NATIONALITY) (RELIGION) SINGLE 155 64 FILIPINO ROMAN CATHOLIC	
OTHER CARD APPLICANT DATA (TELEPHONE NUMBER (AREA CODE + TEL. NO.)) (MOBILE NUMBER) (EMAIL ADDRESS) (TIN) (0997) 874-6778 juliemarie.lanojan@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)) (OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (RELATIONSHIP) (DATE OF BIRTH (MMDDYYYY)))	
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? <input type="checkbox"/> YES <input type="checkbox"/> 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))	
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/updates 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.	

SOCIAL SECURITY SYSTEM
 MANDAUE CITY
 JUN 23 2022
 ANGELIE R. TARIO
 RECEIVED / CERTIFIED TRUE COPY