



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

MO0699IW202112073926 Date/Time Generated: 07 December 2021 09:43:14 PM

SS NUMBER 35-1363581-7					
NAME					
(LAST NAME) ULGASAN	(FIRST NAME) SHERYL MAE	(MIDDLE NAME) GULAY	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 11271999	PLACE OF BIRTH (CITY/MUNICIPALITY) DUERO	(PROVINCE/STATE) BOHOL	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) ULGASAN	(FIRST NAME) JUDITO	(MIDDLE NAME) DORIMON	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) GULAY	(FIRST NAME) ISABEL	(MIDDLE NAME) MABIYA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)			(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) BANILAD	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 154	WEIGHT (IN KILOGRAMS) 45	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0970) 650-6163	EMAIL ADDRESS sherylmaeulgasan27@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	ULGASAN	SHEENA MARIE	GULAY	Sister	05272010
2	ULGASAN	JAKE	GULAY	Brother	10052008
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				<input type="text"/> <input type="text"/>	
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P) _____	
		Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		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					
1. I certify that the information provided are true and correct. 2. I hereby consent to: <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. 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.					