



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

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SS NUMBER 06-4652199-8					
NAME					
(LAST NAME) ADLIT	(FIRST NAME) AQUILYN DAYAN	(MIDDLE NAME) AUSA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 12272000	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) ADLIT	(FIRST NAME) DARWIN	(MIDDLE NAME) COSE	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) AUSA	(FIRST NAME) MAYANNIE	(MIDDLE NAME) QUIJADA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) TIGBAWAN, TABUELAN CEBU					
(BARANGAY/DISTRICT/LOCALITY) TIGBAWAN	(CITY/MUNICIPALITY) TABUELAN	(PROVINCE) CEBU	POSTAL CODE 6044	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 150	WEIGHT (IN KILOGRAMS) 45	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0920) 877-9329	EMAIL ADDRESS dayanadlit@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				<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 / 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>					

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. 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.
6. Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
7. Limit 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 cheek/forehead".
8. Always indicate the following **mandatory** information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally
 - Email address, if applied abroad
 - * If card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
9. For all types of card replacement, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
10. For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE

IDENTIFICATION REQUIREMENTS (Present the original)	IDENTIFICATION REQUIREMENTS (Present the original)
<p>A. Primary ID card/document [any one (1) of the following]:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (in absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p>	<p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

12. Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses