



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

MO0563IW202405074125 Date/Time Generated: 07 May 2024 12:26:47 PM

SS NUMBER 06-4833742-3	
NAME	
(LAST NAME) GESIM	(FIRST NAME) SHEILA JANE (MIDDLE NAME) ESCALANTE (SUFFIX)
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 03252001	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES SEX FEMALE
FATHER'S NAME (LAST NAME) GESIM (FIRST NAME) JUANITO (MIDDLE NAME) MONTAJES (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) ESCALANTE (FIRST NAME) SUSAN (MIDDLE NAME) COLDORA (SUFFIX)	
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) F JACA STREET (SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) INAYAWAN (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) (PROVINCE) CEBU POSTAL CODE 6000 COUNTRY CODE 0063	
CIVIL STATUS SINGLE HEIGHT (IN CENTIMETERS) 153 WEIGHT (IN KILOGRAMS) 54 DISTINGUISHING FEATURE/S NATIONALITY FILIPINO RELIGION CATHOLIC	
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER (0962) 425-7851 EMAIL ADDRESS workwithshellajane@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) 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 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	
<ol style="list-style-type: none"> I certify that the information provided are true and correct. 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. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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. 	

SSS CEBU BRANCH

07 MAY 2024 1:32

BARBARA B. BUSTILLO
 RECEIVED, CERTIFIED PHOTOCOPY OF ORIGINAL

passed as permanent



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121341161536
REGISTRATION TRACKING NO	924128910662

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	GESIM	SHEILA JANE		ESCALANTE	<input type="checkbox"/>
FATHER	GESIM	JUANITO		MONTAJES	<input type="checkbox"/>
MOTHER <i>(Maiden Name)</i>	ESCALANTE	SUSAN		COLDORA	<input type="checkbox"/>
SPOUSE <i>(if Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GESIM	SHEILA JANE		ESCALANTE	<input type="checkbox"/>
DATE OF BIRTH 03/25/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER 0648337423
SEX FEMALE	HEIGHT(cm) 160.00	WEIGHT(kg) 54.00	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		<i>For DepEd Employee, Division Code-Station Code</i>	

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No., Street Name UPPER RIVERSIDE F JACA STREET Subdivision Barangay INAYAWAN Municipality/City Province/State/Country CEBU CITY CEBU, PHILIPPINES ZIP Code 6000					COUNTRY + AREA CODE + TELEPHONE NUMBER Home Cell Phone +63 (0926) 2041056 Business (Direct Line) Business (Trunk Line) Email Address workwithsheilajane@gmail.com	
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No., Street Name Subdivision Barangay UPPER RIVERSIDE F JACA STREET INAYAWAN Municipality/City Province/State/Country ZIP Code CEBU CITY CEBU, PHILIPPINES 6000						
PREFERRED MAILING ADDRESS PRESENT HOME ADDRESS						

REPUBLIC OF THE PHILIPPINES
The National Health Insurance Corporation

PhilHealth



12-250992288-6
GESIM, SHEILA JANE ESCALANTE
MARCH 29, 2001, FEMALE
MAYAWAN CEBU CITY, CEBU - 6000



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CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)

