



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

MO0662IW202110264281 Date/Time Generated: 26 October 2021 09:44:26 PM

SS NUMBER 35-1221179-5	
NAME (LAST NAME) ABENDAN (FIRST NAME) ANGELIKA (MIDDLE NAME) BRÑOILA (SUFFIX)	
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 12172001	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) CITY OF CARCAR CEBU PHILIPPINES
FATHER'S NAME (LAST NAME) ABENDAN (FIRST NAME) FLORIDO (MIDDLE NAME) ALESNA (SUFFIX) SR	MOTHER'S MAIDEN NAME (LAST NAME) BRÑOILA (FIRST NAME) GINA (MIDDLE NAME) ORCALES (SUFFIX)
DEMOGRAPHIC DATA	
HOME ADDRESS (RM, FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) CALIDNGAN (CITY/MUNICIPALITY) CITY OF CARCAR (PROVINCE) CEBU POSTAL CODE 6019 COUNTRY CODE 0063	
CIVIL STATUS SINGLE HEIGHT (IN CENTIMETERS) 165 WEIGHT (IN KILOGRAMS) 54 DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0975) 448-2745 EMAIL ADDRESS abendanangelika@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 ABENDAN AISHA KATE MANABA Sister 10052008	
2 ABENDAN FLORIDO MANABA JR Brother 04082011	
3 ABENDAN ASHLY ELIZABETH MANABA Sister 05182012	
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 FASE-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 PROFESSION/BUSINESS ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION	
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) UNION BANK OF THE PHILIPPINES (BANK BRANCH) UNIONBANK	
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>	