



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

MO0912IW202207140434 Date/Time Generated: 14 July 2022 09:58:41 AM

SS NUMBER  
**06-4432782-2**

NAME  
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
**IMPERIAL JAY ANN JUSOY**

FACTS OF BIRTH  
 DATE OF BIRTH (MMDDYYYY) PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) SEX  
**05092003 CEBU CITY CEBU PHILIPPINES FEMALE**

FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
**IMPERIAL RODRIGO**  
 MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
**JUSOY FARA LABAYA**

DEMOGRAPHIC DATA  
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)  
**PUROK MANGA**

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE  
**TAYUD LILOAN CEBU 6002 0063**

CIVIL STATUS HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION  
**SINGLE 4.11 40 FILIPINO ROMAN CATHOLIC**

OTHER CARD APPLICANT DATA  
 TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER EMAIL ADDRESS  
**(0992) 457-7442 jayannimperial059@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	IMPERIAL	MONIQUE	JUSOY		Sister	08022005
2	IMPERIAL	JAY	RONQUILLO		Guardian/Caretaker	10291981

**FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	Foreign Address _____ _____ _____ Monthly Earnings: _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	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**

- I certify that the information provided are true and correct.
- I hereby consent to:
  - 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.