



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

MO0689W202408111147 Date/Time Generated: 11 August 2024 08:26:16 PM

SS NUMBER 10-1550793-7					
NAME					
(LAST NAME) CABELLON	(FIRST NAME) JOAN	(MIDDLE NAME) PAGLINAWAN	(SUFFIX)		
FACTS OF BIRTH					
(DATE OF BIRTH (MM/DD/YYYY)) 11051998	(PLACE OF BIRTH (CITY/MUNICIPALITY)) RAMON MAGSAYSAY (LIARGO)	(PROVINCE/STATE) ZAMBOANGA DEL SUR	(COUNTRY) PHILIPPINES	(SEX) FEMALE	
FATHER'S NAME (LAST NAME) PAGLINAWAN		(FIRST NAME) JOEL	(MIDDLE NAME) BATO	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) VIOS		(FIRST NAME) HELEN	(MIDDLE NAME) AUSTRIA	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & B/RK NO.) 074		(STREET NAME) PRK 1	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) BOBONGAN	(CITY/MUNICIPALITY) RAMON MAGSAYSAY (LIARGO)	(PROVINCE) ZAMBOANGA DEL SUR	POSTAL CODE 7024	COUNTRY CODE 0063	
CIVIL STATUS MARRIED	HEIGHT (IN CENTIMETERS) 154	WEIGHT (IN KILOGRAMS) 55	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0916) 295-2689	EMAIL ADDRESS paglinawanj21@gmail.com		
DEPENDENT(S)/BENEFICIARY/ES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)
1	CABELLON	KENNETH	VILLARUBIA		02181999
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/ES (if without spouse & child and parents are both deceased)					
	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1	PAGLINAWAN	RYEANNA ZIELLE	TALINGTING		Niece
2	BALINDAWAN	AMEERAH	PAGLINAWAN		Niece
3	PAGLINAWAN	JURILYN	VIOS		Sister
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 <small>Are you applying for membership in the First Fund Program?</small> <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 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/creating 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>					