

PERSONAL RECORDS INFO MULTIPURPOSE ID (UMID) CARD APPLICATION (E-1E-6)

MO33219K252308247237 Date/Time Generated: 26 August 2023 08:20:52 AM

SS NUMBER 06-4656508-0		NAME (FIRST NAME) PRINCESS GALE (MIDDLE NAME) CANILLO (SUFFIX)	
LAST NAME TANGO-AN		FACTS OF BIRTH (CITY/MUNICIPALITY) PINAMUNGAHAN (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES (SUFFIX) FEMALE	
DATE OF BIRTH (MMDDYYYY) 11082001	PLACE OF BIRTH (CITY/MUNICIPALITY) PINAMUNGAHAN	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES
FATHER'S NAME (LAST NAME) TANGO-AN	(FIRST NAME) RODRIGO	(MIDDLE NAME) CAMANGYAN	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) CANILLO	(FIRST NAME) TERESITA	(MIDDLE NAME) EMPUERTO	(SUFFIX)
HOME ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) PUROK 2 (STREET NAME) BULONGAN TOLEDO CITY (SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) BULONGAN	(CITY/MUNICIPALITY) TOLEDO CITY	(PROVINCE) CEBU	POSTAL CODE 6038 COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 149.86	WEIGHT (IN KILOGRAMS) 48	DISTINGUISHING FEATURE/S NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0969) 368-0122	EMAIL ADDRESS galecanillo6@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		Monthly Earnings	Monthly Income of Working Spouse (P)
Monthly Earnings		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF APPLICATION			ESTIMATED MONTHLY SALARY
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT			PROFESSION/BUSINESS
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>			

985