



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

MO0647IW202407102431 Date/Time Generated: 10 July 2024 03:51:32 PM

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|-----------------------------------|
| SS NUMBER 06-4915446-9 | | | | | |
| NAME | | | | | |
| (LAST NAME) MANDAL | (FIRST NAME) VERONICA | (MIDDLE NAME) | (SUFFIX) | | |
| FACTS OF BIRTH | | | | | |
| DATE OF BIRTH (MMDDYYYY) 12312001 | PLACE OF BIRTH (CITY/MUNICIPALITY) SAN REMIGIO | (PROVINCE/STATE) CEBU | (COUNTRY) PHILIPPINES | SEX FEMALE | |
| FATHER'S NAME (LAST NAME) | | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | |
| MOTHER'S MAIDEN NAME (LAST NAME) MANDAL | | (FIRST NAME) FLORAMIE | (MIDDLE NAME) | (SUFFIX) | |
| DEMOGRAPHIC DATA | | | | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) | | (STREET NAME) | (SUBDIVISION) | | |
| (BARANGAY/DISTRICT/LOCALITY) POBLACION | (CITY/MUNICIPALITY) SAN REMIGIO | (PROVINCE) CEBU | POSTAL CODE 6011 | COUNTRY CODE 0063 | |
| CIVIL STATUS SINGLE | HEIGHT (IN CENTIMETERS) 157 | WEIGHT (IN KILOGRAMS) 56 | DISTINGUISHING FEATURE/S | NATIONALITY FILIPINO | RELIGION ROMAN CATHOLIC |
| OTHER CARD APPLICANT DATA | | | | | |
| TELEPHONE NUMBER (AREA CODE + TEL NO.) | | MOBILE NUMBER (0956) 035-4732 | EMAIL ADDRESS mandalveronicashar@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 Earnings | | Monthly Income of Working Spouse (P) | |
| | | Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 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 | | | | | |
| 1. I certify that the information provided are true and correct. | | | | | |
| 2. 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 | | | | | |