



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

MO0773W202410319446 Date/Time Generated: 31 October 2024 07:06:43 PM

SS NUMBER **06-5006399-2**

NAME  
 (LAST NAME) **JAYME** (FIRST NAME) **JEAN KYLA** (MIDDLE NAME) **IMPERIAL** (SUFFIX)

FACTS OF BIRTH  
 DATE OF BIRTH (MMDDYYYY) **07232006** PLACE OF BIRTH (CITY/MUNICIPALITY) **MANDAUE CITY** (PROVINCE/STATE) **CEBU** (COUNTRY) **PHILIPPINES** SEX **FEMALE**

FATHER'S NAME (LAST NAME) **JAYME** (FIRST NAME) **CEDRICK** (MIDDLE NAME)  
 MOTHER'S MAIDEN NAME (LAST NAME) **IMPERIAL** (FIRST NAME) **ROWENA** (MIDDLE NAME) **MEDALLE** (SUFFIX)

DEMOGRAPHIC DATA  
 HOME ADDRESS (RM, FLUR/LNIT NO. & BLDG. NAME IF HOUSE) (STREET NAME) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)  
**KANTIGAY 1**  
**LIONG** **DUMANJUG** **CEBU** **6035** **0063**

CIVIL STATUS **SINGLE** HEIGHT (IN CENTIMETERS) **158** WEIGHT (IN KILOGRAMS) **65** DISTINGUISHING FEATURES NATIONALITY **FILIPINO** RELIGION **CHRISTIAN**

OTHER CARD APPLICANT DATA  
 TELEPHONE NUMBER (AREA CODE - TEL. NO.) MOBILE NUMBER **(0991) 528-0064** EMAIL ADDRESS **conanhatesyou@gmail.com**

DEPENDENT(S) BENEFICIARIES

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 BENEFICIARIES (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 Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	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  
 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/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.
- 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.

FOR QUERY CONTACT US: (032) 326-7084  
 7 WORKING DAYS