



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

MO076S1W/2022241174 Date/Time Generated: 24 February 2022 12:02:28 PM

| | | | | | |
|--|--|--|--|--|--|
| SS NUMBER 35-1681645-5 | | NAME (LAST NAME) MARIA FE (MIDDLE NAME) (FIRST NAME) | | SEX FEMALE | |
| DATE OF BIRTH (MMDDYYYY) 08102002 | | PLACE OF BIRTH (CITY/MUNICIPALITY) TUBIGON | | COUNTRY PHILIPPINES | |
| FATHER'S NAME (LAST NAME) ORA | | FATHER'S NAME (FIRST NAME) FELIPE | | MIDDLE NAME (MIDDLE NAME) RESERVA | |
| MOTHER'S MARDEN NAME (LAST NAME) ORA | | MOTHER'S MARDEN NAME (FIRST NAME) MARIA FE | | MOTHER'S MARDEN NAME (MIDDLE NAME) POGOY | |
| DEMOGRAPHIC DATA | | | | | |
| HOME ADDRESS (PARCEL/LAND NO. & BLDG. NAME OR HOUSELOT NO. & BLK. NO.) PANDAN | | CITY/MUNICIPALITY TUBIGON | | STREET NAME (STREET NAME) PUROK 5 | |
| CIVIL STATUS SINGLE | | HEIGHT IN CENTIMETERS 152 | | WEIGHT IN KILOGRAMS 43 | |
| PROVINCE/DISTRICT/LOCALITY PANDAN | | CITY/MUNICIPALITY TUBIGON | | PROVINCE BOHOL | |
| POSTAL CODE 6329 | | COUNTRY CODE 0063 | | RELIGION CHRISTIAN | |
| OTHER CARD APPLICANT DATA | | | | | |
| TELEPHONE NUMBER (AREA CODE - TEL. NO.) (0948) 106-5559 | | MOBILE NUMBER (0948) 106-5559 | | EMAIL ADDRESS marifeora10@gmail.com | |
| DEPENDENT(S)/BENEFICIARIES | | | | | |
| SPOUSE (LAST NAME) | | FIRST NAME | | MIDDLE NAME | |
| CHILDREN (LAST NAME) | | FIRST NAME | | MIDDLE NAME | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| OTHER BENEFICIARIES without spouse & child and parents (see both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MMDDYYYY)) | | | | | |
| ORA (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | | POGOY (MIDDLE NAME) | | RELATIONSHIP (SUFFIX) | |
| FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE | | | | | |
| SELF-EMPLOYED (SE) | | OVERSEAS FILIPINO WORKER (OFW) | | NON-WORKING SPOUSE (NWS) | |
| Professional/Business | | Foreign Address | | SS No./Common Reference No. of Working Spouse | |
| Travel and Business Sailed | | Monthly Earnings | | Monthly Income of Working Spouse (P) | |
| Standing Earnings | | Are you applying for membership in the (Check and thought) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| PURPOSE OF APPLICATION | | | | | |
| FOR EMPLOYMENT | | FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/ NON-WORKING SPOUSE | | ESTIMATED MONTHLY SALARY | |
| PURPOSE FOR EMPLOYMENT | | PURPOSE OF APPLICATION WITH ATR OPTION UNION BANK OF THE PHILIPPINES | | ESTIMATED MONTHLY SALARY UNIONBANK | |
| SQUARE CAPS USE ONLY (CARE) (NAME) (NAME) UNION BANK OF THE PHILIPPINES | | CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION | | UNIONBANK | |

1. I certify that the information provided are true and correct.
 2. I authorize SSS to:
 a. use, collect, take copies, compile, transmit, supply and the retention of my personal data for the generation/issuance of my UMID, said production and delivery;
 b. further processing and support of my loans and SSS benefits;
 c. sharing of these data with SSS service providers to carry out the program stated above; and
 d. release of the application of the applicant's information with the Social Security System.
 3. I understand that my personal data will be used for the generation of my UMID and I hereby consent to the use of my personal data for the purpose of the issuance of my UMID.
 4. I further give my consent to SSS to share necessary data with the appropriate government agencies for the purpose of the issuance of my UMID.
 5. I understand that my personal data will be used for the purpose of the issuance of my UMID and I hereby consent to the use of my personal data for the purpose of the issuance of my UMID.

PRESENT EMPLOYMENT DETAILS

| | | | | | |
|---------------------------------|--|--|--|--|--|
| OCCUPATION | | EMPLOYMENT STATUS | | TYPE OF WORK | |
| CUSTOMER SERVICE REPRESENTATIVE | | EMPLOYEE | | REGULAR | |
| EMPLOYER/BUSINESS NAME ELX | | EMPLOYER ADDRESS 2ND FLOOR LANTA | | CITY/STATE/ZIP LANTA, MISSISSIPPI 39002 | |
| EMPLOYEE SOCIAL SECURITY NUMBER | | EMPLOYEE PHONE NUMBER | | EMPLOYEE SALARY | |
| 12,000.00 | | 2,000.00 | | 14,000.00 | |
| EMPLOYEE WORKING HOURS PER WEEK | | EMPLOYEE POSITION | | EMPLOYEE STATUS | |
| 40 | | CUSTOMER SERVICE REPRESENTATIVE | | REGULAR | |
| EMPLOYEE HIRE DATE | | EMPLOYEE TERMINATION DATE | | EMPLOYEE STATUS | |
| 01/15/2022 | | | | REGULAR | |
| EMPLOYEE WORKING HOURS PER WEEK | | EMPLOYEE POSITION | | EMPLOYEE STATUS | |
| 40 | | CUSTOMER SERVICE REPRESENTATIVE | | REGULAR | |

PREVIOUS EMPLOYMENT FROM DATE OF FajjIBIG FUND MEMBERSHIP

| | | |
|--|---|-------------------|
| EMPLOYER/BUSINESS NAME | PREVIOUS EMPLOYMENT FROM DATE OF FajjIBIG FUND MEMBERSHIP | OFFICE ASSIGNMENT |
| EMPLOYER/BUSINESS ADDRESS | | FROM |
| 2010 LOMA ALTA CITA MALL, LESBANE, SIMULA, TAGBILARAN CITY, CEBU | | TO |

| LAST NAME | FIRST NAME | NAME EXTENSION | RELATIONSHIP | DATE OF BIRTH |
|-----------|------------|----------------|--------------|---------------|
| OPERA | OLIVERIA | PODOY | MOTHER | 06/04/1995 |
| OPERA | FELIPE | RESERVA | FATHER | 09/04/1964 |

CERTIFICATION

I hereby certify that the foregoing given and all statements made herein are true and correct. I hereby authorize FajjIBIG Fund to collect record, organize, update, maintain, use, disseminate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify; (e) suspend or authorize my personal data; (f) delete; and (g) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

SIGNATURE OF INFORMANT _____ DATE _____

FOR FajjIBIG FUND USE ONLY

| | |
|-------------|-------|
| RECEIVED BY | DATE |
| _____ | _____ |

DISCLAIMER

Membership registration with the fund does not automatically qualify a FajjIBIG member to avail of the Fund's various loan programs. A FajjIBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.