



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

MO0931W202207288083 Date/Time Generated: 31 July 2022 07:40:19 PM

SS NUMBER 06-4445676-4		NAME		(MIDDLE NAME)	(SUFFIX)
(LAST NAME) SALINGUJAY	(FIRST NAME) ANTONIO GABRIEL	DIOLA			
FACTS OF BIRTH		(PROVINCE/STATE)	(COUNTRY)	SEX	
DATE OF BIRTH (MMDDYYYY) 11082002	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	CEBU	PHILIPPINES	MALE	
FATHER'S NAME		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
SALINGUJAY		CEFERINO	BERONIO		
MOTHER'S MAIDEN NAME		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
ALQUIZAR		ROSALINE	DIOLA		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
34		GENEROSO ST			
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE	
APAS	CEBU CITY (CAPITAL)	CEBU	6000	0063	
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY	RELIGION
SINGLE	165	43.75		FILIPINO	CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER	EMAIL ADDRESS			
	(0939) 256-9709	gabbiesalingujay@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 Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)					
<input type="checkbox"/> UMID CARD APPLICATION WITH ATM OPTION (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/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.
- 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.