



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

MO0101IW202301090681 Date/Time Generated: 09 January 2023 11:17:29 AM

SS NUMBER <b>06-4525055-8</b>		
NAME		
(LAST NAME) <b>CANDIDO</b>	(FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>JAN ELVINCE CUÑADO</b>	
FACTS OF BIRTH		
DATE OF BIRTH (MMDDYYYY) <b>01132004</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) <b>CONSOLACION CEBU PHILIPPINES MALE</b>	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>CANDIDO VINCENT CARTECIANO</b>	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>CUÑADO ELVIE LAUSA</b>	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) <b>0228 03130 MARCIANO PONCE MARCIANO PONCE DISTRICT 1 PULPOGAN</b>	BARANGAY/DISTRICT/LOCALITY (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) <b>PULPOGAN CONSOLACION CEBU 6001 0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION <b>165 52 FILIPINO ROMAN CATHOLIC</b>	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.) <b>3-5031265</b>	MOBILE NUMBER EMAIL ADDRESS <b>(0926) 037-4616 elvincejan@gmail.com</b>	
DEPENDENT(S)/BENEFICIARY/IES		
WIFE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)		
CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)		
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)		
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE		
SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse 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/updating of my CRN, card production and delivery,