



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

MO0905IW202207099027 Date/Time Generated: 08 February 2024 09:31:27 AM

SS NUMBER 06-4429631-9		
NAME		
(LAST NAME) ARREGLO	(FIRST NAME) HARE KRISHNA (MIDDLE NAME) BANAN (SUFFIX)	
FACTS OF BIRTH		
DATE OF BIRTH (MMDDYYYY) 06102005	PLACE OF BIRTH (CITY/MUNICIPALITY) DAANBANTAYAN (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES SEX FEMALE	
FATHER'S NAME (LAST NAME) ARREGLO (FIRST NAME) REY ANTHONY (MIDDLE NAME) ARRIESGADO (SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME) BANAN (FIRST NAME) JUOVEEHLYN (MIDDLE NAME) MORALDE (SUFFIX)	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) AGUHO (CITY/MUNICIPALITY) DAANBANTAYAN (PROVINCE) CEBU	POSTAL CODE 6013 COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 152 WEIGHT (IN KILOGRAMS) 44 DISTINGUISHING FEATURE/S NATIONALITY FILIPINO RELIGION CHRISTIAN	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.) 032-2723828	MOBILE NUMBER (0938) 983-5241 EMAIL ADDRESS yanyanarreglo@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) 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		
<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: • 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. 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.		