



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

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SS NUMBER 35-1000942-0	
NAME	
(LAST NAME) CAÑADA	(FIRST NAME) (MIDDLE NAME) (SUFFIX) BONITA
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 07052000	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) MATALOM LEYTE PHILIPPINES
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	CAÑEDA WILMA TALARION
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) PUROK 11 PUNDOK SA KABATAAN UPPER COLON	
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE COLON CITY OF NAGA CEBU 6037 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL NO.) 032-2545983	MOBILE NUMBER EMAIL ADDRESS (0963) 901-5031 bonitacanada5@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 CARMELOTES PITZ PATRICK CAÑEDA Brother 09062005	
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 Flex-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	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	
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to</p> <ul style="list-style-type: none"> 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 <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>	