



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

MO0294IW202307260814 Date/Time Generated: 26 July 2023 09:31:07 AM

SS NUMBER 06-4630750-7		NAME		NAME		NAME		NAME	
(LAST NAME) LACSAMANA		(FIRST NAME) KAMALA GIALLOU		(MIDDLE NAME) NGOHO		(MIDDLE NAME)		(SUFFIX)	
FACTS OF BIRTH									
DATE OF BIRTH (MMDDYYYY) 07272000		PLACE OF BIRTH (CITY/MUNICIPALITY) CITY OF BOGO		(PROVINCE/STATE) CEBU		(COUNTRY) PHILIPPINES		SEX FEMALE	
FATHER'S NAME (LAST NAME) LACSAMANA		(FIRST NAME) NORBERTO DENNIS		(MIDDLE NAME) YLANAN		(MIDDLE NAME)		(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) NGOHO		(FIRST NAME) GABRIELA		(MIDDLE NAME) MALOLOY-ON		(MIDDLE NAME)		(SUFFIX)	
DEMOGRAPHIC DATA									
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) N/A				(STREET NAME) S. VERALLO ST.			(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) BUNGTOD (POB.)		(CITY/MUNICIPALITY) CITY OF BOGO		(PROVINCE) CEBU		POSTAL CODE 6010		COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 154	WEIGHT (IN KILOGRAMS) 75	DISTINGUISHING FEATURE/S			NATIONALITY FILIPINO		RELIGION ROMAN CATHOLIC	
OTHER CARD APPLICANT DATA									
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0961) 629-2198		EMAIL ADDRESS kamalagialloulacsamana@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	URSAL		KIAN LEE		LACSAMANA			19952517	
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 _____ Year Prof./Business Started _____ Monthly Earnings _____			Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			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 checked="" type="checkbox"/> UMID CARD AS ATM CARD	(BANK NAME) UNION BANK OF THE PHILIPPINES		(BANK BRANCH) UNIONBANK						
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>									