



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 **06-4405003-4**

NAME
 (LAST NAME) **DESTACAMENTO** (FIRST NAME) **STEVEN** (MIDDLE NAME) **YURAG** (SUFFIX)

FACTS OF BIRTH

DATE OF BIRTH (MMDDYYYY) **11041998** PLACE OF BIRTH (CITY/MUNICIPALITY) **MEDELLIN** (PROVINCE/STATE) **CEBU** (COUNTRY) **PHILIPPINES** SEX **MALE**

FATHER'S NAME (LAST NAME) **DESTACAMENTO** (FIRST NAME) **VELLIER** (MIDDLE NAME) **TUICO** (SUFFIX)

MOTHER'S MAIDEN NAME (LAST NAME) **YURAG** (FIRST NAME) **LEONITA** (MIDDLE NAME) **BOLOTANO** (SUFFIX)

DEMOGRAPHIC DATA

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) **GRAJE** (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) **ANTIPOLO** (CITY/MUNICIPALITY) **MEDELLIN** (PROVINCE) **CEBU** POSTAL CODE **6012** COUNTRY CODE **0063**

CIVIL STATUS **SINGLE** HEIGHT (IN CENTIMETERS) **165** WEIGHT (IN KILOGRAMS) **65** DISTINGUISHING FEATURE/S NATIONALITY **FILIPINO** RELIGION **CHRISTIAN**

OTHER CARD APPLICANT DATA

TELEPHONE NUMBER (AREA CODE + TEL NO.) **02-83775858** MOBILE NUMBER **(0967) 204-6649** EMAIL ADDRESS **143destacamento@gmail.com** TIN

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 Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PURPOSE OF APPLICATION

PURPOSE **FOR EMPLOYMENT** 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, 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