



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

MO0829IW202501099652 Date/Time Generated: 09 January 2025 03:32:53 PM

SS NUMBER 06-5039959-8					
NAME					
(LAST NAME) TORRES	(FIRST NAME) ERICKA FRANS	(MIDDLE NAME) UMBAO	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 06062003	PLACE OF BIRTH (CITY/MUNICIPALITY) BACOLOD CITY (CAPITAL)	(PROVINCE/STATE) NEGROS OCCIDENTAL	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) TORRES	(FIRST NAME) FREDERIC RONALD	(MIDDLE NAME) OBERIO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) UMBAO	(FIRST NAME) MARILOU	(MIDDLE NAME) MAGALLANES	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) MAX CENTER					
(BARANGAY/DISTRICT/LOCALITY) MACTAN	(CITY/MUNICIPALITY) LAPU-LAPU CITY (OPON)	(PROVINCE) CEBU	POSTAL CODE 6015	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 152	WEIGHT (IN KILOGRAMS) 45	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION CHRISTIAN

OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0995) 961-4869	EMAIL ADDRESS erickafranstorres@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 TORRES	FIANDRA MARIE	UMBAO		Sister	02262000
2 TORRES	MARK REYNEL	UMBAO		Brother	19952006

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 Fund-Fund Program?		JAY T. MARTINEZ SMGR 13 JAN 2025	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

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

- 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 CPN, 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 the sharing of my personal data with my chosen bank for the generation of bank account number, opening 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.