



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

MO03961W202311031501 Date/Time Generated: 03 November 2023 08:43:54 PM

SS NUMBER 06-4694096-4	
NAME	
(LAST NAME) CABRERA	(FIRST NAME) (MIDDLE NAME) (SUFFIX) NICOLYN UBAS
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 04302005	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) CEBU CITY (CAPITAL) CEBU PHILIPPINES FEMALE
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) CABRERA EDUARDO SEIDEL	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) UBAS MA. CORAZON DUPAL
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) NONE NONE SITIO KAWAYAN SAMBAG II NONE	(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) SAMBAG II (POB.) CEBU CITY (CAPITAL) CEBU 6000 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION 160.02 53 FILIPINO UPC
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL. NO.) (0945) 553-1092	MOBILE NUMBER EMAIL ADDRESS (0945) 553-1092 nicolyncabrera2005@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	1
2	2
3	3
4	4
5	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 First-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	
<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/updates 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>	