



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

MO0833IW202501139963 Date/Time Generated: 13 January 2025 09:53:10 AM

SS NUMBER		06-5041965-6	
NAME			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
BALDESCO	LADY MAE	DUMANDAN	
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)
11282003	CATIGBIAN	BOHOL	PHILIPPINES
FATHER'S NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	BALDESCO	VIRGILIO	COSMO
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	DUMANDAN	LILIA	BITAS
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE
CANDUMAYAO	CATIGBIAN	BOHOL	6343
COUNTRY CODE			
0063			
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S
SINGLE	151	42	
NATIONALITY	RELIGION		
FILIPINO	CHRISTIAN		
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER	EMAIL ADDRESS	
	(0970) 222-0332	ladymaebaldesco@gmail.com	
DEPENDENT(S)/BENEFICIARY/IES			
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
1			
2			
3			
4			
5			
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)		RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
1 BALDESCO	JEFFREY	DUMANDAN	
		Brother	01151991
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	Are you applying for membership in the Flex-Fund Program?	Monthly Income of Working Spouse (P)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF APPLICATION			
PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT / PRIOR REGISTRANT			
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>			



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SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

06-5041965-6

BALDESCO, LADY MAE DUMANDAN

11/28/2003

