



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

MO0358IW202309194786 Date/Time Generated: 19 September 2023 04:31:47 PM

SS NUMBER
06-4672808-9

NAME
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
FUENTES CHARLIE RALPH TEAÑO

FACTS OF BIRTH
 DATE OF BIRTH (MMDDYYYY) PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) SEX
01042001 CEBU CITY (CAPITAL) CEBU PHILIPPINES MALE

FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
FUENTES RUFINO AUXTERO

MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
TEAÑO CHARITO SEVILLENLO

DEMOGRAPHIC DATA
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)
PUROK SAMPAGUITA

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE
CASILI CONSOLACION CEBU 6001 0063

CIVIL STATUS HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION
SINGLE 170 55 FILIPINO ROMAN CATHOLIC

OTHER CARD APPLICANT DATA
 TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER EMAIL ADDRESS
(0947) 702-3799 (0947) 702-3799 charlieralph.fuentes@gmail.com

DEPENDENT/BENEFICIARIES

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 Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Income of Working Spouse (P)

PURPOSE OF APPLICATION
 PURPOSE PROFESSION/BUSINESS ESTIMATED MONTHLY SALARY
FOR EMPLOYMENT / PRIOR REGISTRANT

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 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.