



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

Transaction Number: MO0405IW202102036152 Date/Time Generated: 03 February 2021 03:07:34 PM

SS NUMBER  
**35-0122037-3**

NAME  
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
**GERONA JOHN PAUL SABANDAL**

FACTS OF BIRTH  
 DATE OF BIRTH (MMDDYYYY) PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) SEX  
**11011998 CEBU CITY (CAPITAL) CEBU PHILIPPINES MALE**

FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
**GERONA EDELBERTO CUERPO JR**  
 MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
**SABANDAL ANABELITA ZAPANTA**

DEMOGRAPHIC DATA  
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)  
**86 B T. PADILLA ST.**  
 (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE  
**T. PADILLA CEBU CITY (CAPITAL) CEBU 6000 0063**

CIVIL STATUS HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S  
**SINGLE 166 63**

OTHER CARD APPLICANT DATA  
 TELEPHONE NUMBER (AREA CODE + TEL. NO.) MOBILE NUMBER EMAIL ADDRESS  
**(0935) 592-0866 (0935) 592-0866 Jpsg11011998@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					
2					

**FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	SS No./Common Reference No. of Working Spouse _____ _____ Monthly income of Working Spouse (P) _____

**PURPOSE OF APPLICATION**

PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
<b>FOR EMPLOYMENT</b>		

**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.