



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

MO0467IW202402039366 Date/Time Generated: 04 February 2024 12:12:21 AM

SS NUMBER 06-4737511-4		
NAME (LAST NAME) SORIMA (FIRST NAME) JANHIEL EVE (MIDDLE NAME) URSORA (SUFFIX)		
FACTS OF BIRTH DATE OF BIRTH (MMDDYYYY) 08242004 PLACE OF BIRTH (CITY/MUNICIPALITY) CITY OF BAYBAY (PROVINCE/STATE) LEYTE (COUNTRY) PHILIPPINES SEX FEMALE		
FATHER'S NAME (LAST NAME) SORIMA (FIRST NAME) JOSE SALVADOR NIÑO (MIDDLE NAME) (SUFFIX) MOTHER'S MAIDEN NAME (LAST NAME) URSORA (FIRST NAME) JANET (MIDDLE NAME) BORJA (SUFFIX)		
DEMOGRAPHIC DATA HOME ADDRESS (RFL/FLA/UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLDG. NO.) (STREET NAME) (SUBDIVISION) PHASE 5 LOT 25 SAINT JUDE ACRES (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) BULACAO CEBU CITY (CAPITAL) CEBU POSTAL CODE 6000 COUNTRY CODE 0063		
CIVIL STATUS SINGLE HEIGHT (in centimeters) 161 WEIGHT (in kilograms) 63 DISTINGUISHING FEATURE(S) NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC		
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (AREA CODE + TEL. NO.) MOBILE NUMBER (0948) 118-1018 EMAIL ADDRESS janhiel_sorima@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)		
OTHER BENEFICIARY/IES (without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)		
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 <small>Are you applying for membership in the Fund-Fund Program?</small> <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		
1. I certify that the information provided are true and correct. 2. 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 these data in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.		