



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

MO0035IW202210155439 Date/Time Generated: 27 January 2025 12:18:34 PM

SS NUMBER						06-4492849-6					
NAME											
(LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)		
TABOADA			GLENN KYLE			YNTIG					
FACTS OF BIRTH											
DATE OF BIRTH (MMDDYYYY)		PLACE OF BIRTH (CITY/MUNICIPALITY)		(PROVINCE/STATE)		(COUNTRY)				SEX	
05242002		CEBU CITY (CAPITAL)		CEBU		PHILIPPINES				MALE	
FATHER'S NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)					
TABOADA		GLENN		SOON							
MOTHER'S MAIDEN NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)					
YNTIG		ANELYN		MAHILUM							
DEMOGRAPHIC DATA											
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)						(STREET NAME)			(SUBDIVISION)		
									PLEASANT VIEW SUBDIVISION		
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		POSTAL CODE		COUNTRY CODE			
PAGSABUNGAN		MANDAUE CITY		CEBU		6014		0963			
CIVIL STATUS		HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)		DISTINGUISHING FEATURE/S		NATIONALITY		RELIGION	
SINGLE		162		78				FILIPINO		CHRISTIAN	
OTHER CARD APPLICANT DATA											
TELEPHONE NUMBER (AREA CODE + TEL. NO.)			MOBILE NUMBER			EMAIL ADDRESS					
			(0995) 794-1302			kyle.taboada2016@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			Foreign Address				SS No./Common Reference No. of Working Spouse				
Year Prof./Business Started											
Monthly Earnings			Monthly Earnings				Monthly Income of Working Spouse (P)				
			Are you applying for membership in the Feed Unit Program?								
			<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											
UMID CARD AS ATM CARD (BANK NAME)				UNION BANK OF THE PHILIPPINES				(BANK BRANCH)			
								UNIONBANK			
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION											
<p>I certify that the information provided are true and correct.</p> <p>I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, electronic tracking and the retention of my personal data for the generation/updates of my CRN, card production and delivery; submitting 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 release of this application to the trustee consistent with the Data Privacy Act. <p>I have read all these data and to best of my knowledge to SSS and its service providers and my bank.</p> <p>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>											