



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

MO0030IW202210105028 Date/Time Generated: 10 October 2022 10:29:55 PM

SS NUMBER **06-4489947-3**

NAME (LAST NAME) **RAPAL** (FIRST NAME) **HANESSA** (MIDDLE NAME) (SUFFIX)

FACTS OF BIRTH
 DATE OF BIRTH (MMDDYYYY) **10092004** PLACE OF BIRTH (CITY/MUNICIPALITY) **BOLJOON** (PROVINCE/STATE) **CEBU** (COUNTRY) **PHILIPPINES** SEX **FEMALE**

FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
 MOTHER'S MAIDEN NAME (LAST NAME) **RAPAL** (FIRST NAME) **VANESSA** (MIDDLE NAME) **TATOY** (SUFFIX)

DEMOGRAPHIC DATA
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)
 (BARANGAY/DISTRICT/LOCALITY) **BACLAYAN** (CITY/MUNICIPALITY) **BOLJOON** (PROVINCE) **CEBU** POSTAL CODE **6024** COUNTRY CODE **0063**

CIVIL STATUS **SINGLE** HEIGHT (IN CENTIMETERS) **154** WEIGHT (IN KILOGRAMS) **65** DISTINGUISHING FEATURE/S NATIONALITY **FILIPINO** RELIGION **CHRISTIAN**

OTHER CARD APPLICANT DATA
 TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER **(0942) 962-7271** EMAIL ADDRESS **rapalhanessa@gmail.com**

DEPENDENT(S)/BENEFICIARY/ES
 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 **QUINIO** **ALESHA DELANCY** **RAPAL** **12062021**

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 **MABALATAN** **SATURNIÑA** **BALDEZAMO** **Grandparent** **10161999**

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 Are you applying for membership in the Flex-Fund Program? <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

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.