



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

MO0048IW202210267507 Date/Time Generated: 26 October 2022 04:20:41 PM

SS NUMBER 06-4498740-8	
NAME (LAST NAME) SINGCO (FIRST NAME) KARRA MAE (MIDDLE NAME) BAYBAYANON (SUFFIX)	
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 07182001	PLACE OF BIRTH (CITY/MUNICIPALITY) GINATILAN (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES SEX FEMALE
FATHER'S NAME (LAST NAME) SINGCO (FIRST NAME) ROLAND (MIDDLE NAME) CEDENO (SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME) SINGCO (FIRST NAME) ANNABELLE (MIDDLE NAME) BAYBAYANON (SUFFIX)
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) BALHA-AN (SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) LOOC (CITY/MUNICIPALITY) GINATILAN (PROVINCE) CEBU POSTAL CODE 6028 COUNTRY CODE 0063	
CIVIL STATUS SINGLE HEIGHT (IN CENTIMETERS) 1.44 WEIGHT (IN KILOGRAMS) 60 DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0997) 330-6326 EMAIL ADDRESS singcobaybayanon.013@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 DUENAS ZACH MATEO SINGCO 11122020	
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 SINGCO ALVIN KYLE BAYBAYANON Brother 01131998	
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 Fine-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	
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)	(BANK BRANCH)
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION	
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates 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. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>	