



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

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SS NUMBER 06-4461471-3					
NAME					
(LAST NAME) OGAOB	(FIRST NAME) APRIL HAZEL	(MIDDLE NAME) SELITONA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 11172002	PLACE OF BIRTH (CITY/MUNICIPALITY) BARILI	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) OGAOB	(FIRST NAME) VALENTIN	(MIDDLE NAME) TELERON	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) SELITONA	(FIRST NAME) PROTECIA	(MIDDLE NAME) OPSIMA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) SANTA ANA	(CITY/MUNICIPALITY) BARILI	(PROVINCE) CEBU	POSTAL CODE 6036	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 156	WEIGHT (IN KILOGRAMS) 45	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0975) 503-3723	EMAIL ADDRESS ogaobaprihazel@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 _____		Foreign Address _____ _____ _____		SS No./Common Reference No. of Working Spouse _____ _____	
Monthly Earnings _____		Monthly Earnings _____ Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		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>					