



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

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AUG 28 2024

SS NUMBER 06-4899444-2					
NAME					
LAST NAME ABALA		FIRST NAME EARL GREGORY		MIDDLE NAME MAURILLO	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 05112003	PLACE OF BIRTH LILOAN	CITY/MUNICIPALITY CEBU	PROVINCE/STATE CEBU	COUNTRY PHILIPPINES	SEX MALE
FATHER'S NAME LAST NAME: NA FIRST NAME: NA MIDDLE NAME: NA	MOTHER'S MAIDEN NAME LAST NAME: ABALA FIRST NAME: MERJENIA MIDDLE NAME: MAURILLO				
DEMOGRAPHIC DATA					
HOME ADDRESS - RW, TWP, UNIT NO. & BLDG. NAME OR HOUSE LOT NO. & BLDG. NO. 155		STREET NAME MAKALOKA STREET		SUBDIVISION LANDING CATARMAN	
BANAN LAY DISTRICT/LOCALITY CATARMAN	CITY/MUNICIPALITY LILOAN	PROVINCE CEBU	POSTAL CODE 6002	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT IN CENTIMETERS 160	WEIGHT IN KILOGRAMS 50	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (Home/Office/Mobile) 02-74247339		MOBILE NUMBER (0993) 885-9667	EMAIL ADDRESS abalaearl11@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)
	NA	NA	NA		06282824
OTHER BENEFICIARY (Not without spouse & child and parents are both deceased):					
LAST NAME	FIRST NAME	MIDDLE NAME	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
ABALA	NORMA	MAURILLO		Grandparent	12191967
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 Monthly Earnings		Foreign Address Monthly Earnings: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Monthly earnings for remittance to the Phil. Trust Program</small>		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse: <input type="text"/>	
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/issuance 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 for any and all 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 preservation of bank account numbers, crediting of loans and benefit proceeds to the account number and payment of said loans and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					