



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

MO0050IW202210285620 Date/Time Generated: 28 October 2022 01:21:54 PM

SS NUMBER <b>06-4499782-5</b>		
NAME (LAST NAME) <b>MALINGIN</b> (FIRST NAME) <b>DEAN EDRIAN</b> (MIDDLE NAME) <b>REYES</b> (SUFFIX)		
FACTS OF BIRTH		
DATE OF BIRTH (MMDDYYYY) <b>11172002</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) <b>CITY OF TALISAY CEBU PHILIPPINES</b>	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>MALINGIN ROMAN TAGHUY</b>	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>MALINGIN MARYANN REYES</b>	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) <b>SALVADOR TANKE TALISAY CITY CEBU</b>		
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE <b>TANGKE CITY OF TALISAY CEBU 6045 0063</b>		
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION <b>180 72 FILIPINO CHRISTIAN</b>	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER EMAIL ADDRESS <b>(0927) 383-6072 deanedrian05@gmail.com</b>		
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) 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 <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>	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"> <li>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;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <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>		