



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

MO0681W202111165271 Date/Time Generated: 16 November 2021 10:23:31 PM

SS NUMBER 35-1293733-8					
NAME					
(LAST NAME) GOMEZ		(FIRST NAME) JESSICA		(MIDDLE NAME) (SUFFIX)	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01132002	PLACE OF BIRTH (CITY/TOWN/CAPITAL) CEBU CITY (CAPITAL)	PROVINCE/STATE CEBU	COUNTRY PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) MANGAMPO		(FIRST NAME) RONALD		(MIDDLE NAME) (SUFFIX) FERNANDEZ	
MOTHER'S MAIDEN NAME (LAST NAME) GOMEZ		(FIRST NAME) ARLENE		(MIDDLE NAME) (SUFFIX) ANSAY	
DEMOGRAPHIC DATA					
HOME ADDRESS (RURAL PLANT NO. & BLDG. NAME or HOUSE/LOT NO. & BLDG. NO.) NA NA			(STREET NAME) BORROMEO STREET	(SUBDIVISION) NA	
BARANGAY/DISTRICT/LOCALITY PAHINA CENTRAL (POB.)		CITY/TOWN/CAPITAL CEBU CITY (CAPITAL)		PROVINCE CEBU	POSTAL CODE 6000
COUNTRY CODE 0063		CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 147	WEIGHT (IN KILOGRAMS) 44	DISTINGUISHING FEATURE/S FILIPINO
NATIONALITY FILIPINO		RELIGION ROMAN CATHOLIC			
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE - TEL. NO.) 920-4874515	MOBILE NUMBER (0920) 487-4515	EMAIL ADDRESS JESSICA.ZEMOG21@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
1	GOMEZ	CHARIE			Sister 10182008
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 <small>Are you applying for membership in the Fiscal Incentive Program?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) _____	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT	PROFESSION/BUSINESS			ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD	(BANK NAME) UNION BANK OF THE PHILIPPINES	(BANK BRANCH) UNIONBANK			
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/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. <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>					