



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

MO0534IW202106170785 Date/Time Generated: 17 May 2024 04:21:58 PM

SS NUMBER						35-0668484-6						
NAME												
(LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)			
ANCAO			ALLIYAH LORENNE			AREVALO						
FACTS OF BIRTH												
DATE OF BIRTH (MMDDYYYY)		PLACE OF BIRTH (CITY/MUNICIPALITY)		(PROVINCE/STATE)		(COUNTRY)		SEX				
06162002		CEBU CITY (CAPITAL)		CEBU		PHILIPPINES		FEMALE				
FATHER'S NAME (LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)			
ANCAO			ALAN			CASTILLO						
MOTHER'S MAIDEN NAME (LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)			
ANCAO			MELANIE			AREVALO						
DEMOGRAPHIC DATA												
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)						(STREET NAME)			(SUBDIVISION)			
						MILAGROSA						
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)			(PROVINCE)			POSTAL CODE		COUNTRY CODE	
SAN VICENTE			LILOAN			CEBU			6002		0063	
CIVIL STATUS		HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)		DISTINGUISHING FEATURE/S		NATIONALITY		RELIGION		
SINGLE		163		45				FILIPINO		CHRISTIAN		
OTHER CARD APPLICANT DATA												
TELEPHONE NUMBER (AREA CODE + TEL. NO.)			MOBILE NUMBER			EMAIL ADDRESS						
02-83497200			(0975) 256-0308			ancaoalliyah9@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				Foreign Address				SS No./Common Reference No. of Working Spouse				
Year Prof./Business Started												
Monthly Earnings				Monthly Earnings				Monthly Income of Working Spouse (P)				
				Are you applying for membership in the Flexi-Fund Programs?								
				<input type="checkbox"/> YES <input type="checkbox"/> NO								
PURPOSE OF APPLICATION												
PURPOSE						PROFESSION/BUSINESS			ESTIMATED MONTHLY SALARY			
EMPLOYEE												
UMID CARD APPLICATION WITH ATM OPTION												
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD			(BANK NAME)			(BANK BRANCH)						
			UNION BANK OF THE PHILIPPINES			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>												