



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

MO0884IW202502243258 Date/Time Generated: 24 February 2025 04:06:07 PM

| | |
|---|---|
| SS NUMBER 06-5069512-4 | |
| NAME | |
| (LAST NAME) BACALSO | (FIRST NAME) (MIDDLE NAME) (SUFFIX) JANNAH PAULA PAGHINAYAN |
| FACTS OF BIRTH | |
| DATE OF BIRTH (MMDDYYYY) 06162006 | PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) SAN FERNANDO CEBU PHILIPPINES |
| FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) BACALSO PELAGIO ESPINOSA JR | MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) PAGHINAYAN JANICE CAÑAS |
| DEMOGRAPHIC DATA | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) | |
| (BARANGAY/DISTRICT/LOCALITY) POBLACION SOUTH | (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE SAN FERNANDO CEBU 6018 0063 |
| CIVIL STATUS SINGLE | HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION 152 39 FILIPINO CHRISTIAN |
| OTHER CARD APPLICANT DATA | |
| TELEPHONE NUMBER (AREA CODE + TEL NO.) | MOBILE NUMBER EMAIL ADDRESS (0960) 417-9907 jannahpaulabacalso@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 MIÑOZA MARK KHENN Brother 06262007 | |
| 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 Flexi-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 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/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> | |