



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

MO0915IW202207177501 Date/Time Generated: 17 July 2022 09:43:24 PM

SS NUMBER 06-4435033-6

NAME			
(LAST NAME) AMANTE	(FIRST NAME) VIANCA MARIE	(MIDDLE NAME) PARBA	(SUFFIX)

FACTS OF BIRTH				
DATE OF BIRTH (MMDDYYYY) 02142004	PLACE OF BIRTH (CITY/MUNICIPALITY) SAN FERNANDO	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE
FATHER'S NAME (LAST NAME) AMANTE	(FIRST NAME) MARIO	(MIDDLE NAME) VILLARIN	(SUFFIX) SR	
MOTHER'S MAIDEN NAME (LAST NAME) PARBA	(FIRST NAME) CAROLINA	(MIDDLE NAME) LAÑOJAN	(SUFFIX)	

DEMOGRAPHIC DATA				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) PITALO	(CITY/MUNICIPALITY) SAN FERNANDO	(PROVINCE) CEBU	POSTAL CODE 6018	COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 150	WEIGHT (IN KILOGRAMS) 44	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO
			RELIGION ROMAN CATHOLIC	

OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0935) 861-6132	EMAIL ADDRESS amanteviancamarie@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 AMANTE	MARICAR	PARBA		Sister	03052002

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	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
1. I certify that the information provided are true and correct. 2. I hereby consent to: • 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.