



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

MO0225IW202305234507 Date/Time Generated: 23 May 2023 01:49:43 PM

SS NUMBER <b>06-4588039-7</b>					
NAME (LAST NAME) <b>ORTIZ</b> (FIRST NAME) <b>JARLYN GEL</b> (MIDDLE NAME) <b>SAAVEDRA</b> (SUFFIX)					
FACTS OF BIRTH DATE OF BIRTH (MMDDYYYY) <b>07172000</b> PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b> (PROVINCE/STATE) <b>CEBU</b> (COUNTRY) <b>PHILIPPINES</b> SEX <b>FEMALE</b>					
FATHER'S NAME (LAST NAME) <b>ORTIZ</b> (FIRST NAME) <b>ARNEL</b> (MIDDLE NAME) <b>MAICO</b> (SUFFIX)					
MOTHER'S MAIDEN NAME (LAST NAME) <b>SAAVEDRA</b> (FIRST NAME) <b>MARCELINA</b> (MIDDLE NAME) <b>DELA CERNA</b> (SUFFIX)					
DEMOGRAPHIC DATA HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>92</b> (STREET NAME) <b>EAST SABELLANO STREET</b> (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) <b>SAN NICOLAS CENTRAL</b> (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b> (PROVINCE) <b>CEBU</b> POSTAL CODE <b>6000</b> COUNTRY CODE <b>0063</b>					
CIVIL STATUS <b>SINGLE</b>		HEIGHT (IN CENTIMETERS) <b>163</b>	WEIGHT (IN KILOGRAMS) <b>75</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b> RELIGION <b>ROMAN CATHOLIC</b>
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (AREA CODE + TEL NO.) <b>032-3427512</b> MOBILE NUMBER <b>(0933) 320-8057</b> EMAIL ADDRESS <b>ortizjarlyngel@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
1 <b>SAAVEDRA</b>		<b>PEARL ANTHONIET</b>			Sister
2 <b>ORTIZ</b>		<b>CHRISTINA KARYL</b>			Sister
					DATE OF BIRTH (MMDDYYYY) <b>06132001</b> <b>12262005</b>
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 <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 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.					