



University of the Visayas



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

JUN 08 2024

MO0596IW202406068723 Date/Time Generated: 06 June 2024 03:50:20 PM

SS NUMBER <b>06-4874027-2</b>		NAME <b>MELODY JANE SILAYA</b>		(SUFFIX)
(LAST NAME) <b>SIGLOS</b>	(FIRST NAME)	(MIDDLE NAME)		
FACTS OF BIRTH				
DATE OF BIRTH (MMDDYYYY) <b>06141997</b>	CITY/TOWN/MUNICIPALITY <b>DUMAGUETE CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>NEGROS ORIENTAL</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>
FATHER'S NAME <b>SIGLOS</b>	(FIRST NAME) <b>RAUL</b>	(MIDDLE NAME) <b>AMOT</b>	(SUFFIX)	
MOTHER'S MARIEN NAME <b>SIGLOS</b>	(FIRST NAME) <b>VIOLETA</b>	(MIDDLE NAME) <b>SILAYA</b>	(SUFFIX)	
DEMOGRAPHIC DATA				
HOME ADDRESS <b>BLOCK 2 LOT 1</b>	(STREET NAME) <b>ST. JAMES</b>	(SUBDIVISION) <b>PHEBZ SUBDIVISION</b>		
(MUNICIPALITY) <b>TAYUD</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6002</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT IN CENTIMETERS <b>162.5</b>	WEIGHT IN KILOGRAMS <b>65</b>	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
OTHER CARD APPLICANT DATA				
TELEPHONE NUMBER (AREA CODE + NO.) <b>(0920) 872-4190</b>	MOBILE NUMBER <b>(0920) 872-4190</b>	EMAIL ADDRESS <b>mjsiglos14@gmail.com</b>		
DEPENDENT(S)/BENEFICIARY(IES)				
SPOUSE (LAST NAME) <b>SIGLOS</b>	(FIRST NAME) <b>LILOAN</b>	(MIDDLE NAME) <b>CEBU</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
(FIRST NAME) <b>CURT GRAHAM</b>	(FIRST NAME) <b>BLAYA</b>	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
OTHER BENEFICIARY(IES) without spouse & child and parents are both deceased				
(LAST NAME) <b>SIGLOS</b>	(FIRST NAME) <b>CURT GRAHAM</b>	(MIDDLE NAME) <b>BLAYA</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>07141993</b>
RELATIONSHIP Brother				
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE				
NON-WORKING SPOUSE (NWS)				
SS No./Common Reference No. of Working Spouse				
Monthly Income of Working Spouse (P)				
Monthly Income of Working Spouse (P)				
PURPOSE OF APPLICATION				
FOR EMPLOYMENT / PRIOR REGISTRANT				
PROFESSION/BUSINESS				
ESTIMATED MONTHLY SALARY				
UMID CARD AS ATM CARD (BANK NAME)				
UMID CARD APPLICATION WITH ATM OPTION (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/issuance of my CBR, 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 program 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 contact for the sharing of my bank account number with SSS.				