


Requirements:

1. SSS (Umid ID/SSS document/Screenshot of your SSS portal with your name, etc)


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

M00178/W202303230280 Date/Time Generated: 25 March 2023 09:13:23 PM

SS NUMBER 06-4564110-9					
NAME					
LAST NAME CASTRO		FIRST NAME LESTER		MIDDLE NAME DARON	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 11082002	PLACE OF BIRTH (CITY/MUNICIPALITY) CITY OF TALISAY	PROVINCE/STATE CEBU	COUNTRY PHILIPPINES	SEX MALE	
FATHER'S NAME FIRST NAME: CASTRO MIDDLE NAME: ROMMEL LAST NAME: POINCE	MOTHER'S NAME FIRST NAME: WILMA MIDDLE NAME: JUNTONG LAST NAME: DARON				
DEMOGRAPHIC DATA					
HOME ADDRESS (INFLU/ART NO. & BLDG. NAME or HOUSE/LOT NO. & BLDG. NO.) N/A		SUBDIVISION NONOC, SAN TABUNOK, N/A TALISAY CITY, CEBU			
JURISDICTION (CITY/MUNICIPALITY) TABUNOC	CITY/MUNICIPALITY CITY OF TALISAY	PROVINCE CEBU	POSTAL CODE 6045	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (in centimeters) 178	WEIGHT (in kilograms) 59	IDENTIFYING FEATURES	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (area code + no.) 02-82723172	MOBILE NUMBER (0915) 150-1589	EMAIL ADDRESS leloycastro15@gmail.com			
DEPENDENT/SUBBENEFICIARIES					
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.					
OTHER BENEFICIARY (Sign without spouse & child and parents are both deceased)					
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.					
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 First Business Started					
Monthly Earnings		Monthly Earnings (Are you getting to remittance in the New York Program?) Check <input type="checkbox"/> No <input type="checkbox"/> Yes		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					
UMID CARD AS ATM CARD (Bank Name)					
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, automatic matching and the retention of my personal data for the generation/printing of my CRN card production and delivery; - further processing and payment of my credit and SSS benefits; - sharing of these data with SSS service providers to carry out the purposes stated above; and - issuance of this application in the manner consistent with the Data Privacy Act. 3. I affirm 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 to the sharing of my bank account number with SSS.					