



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

Transaction Number: MO0382IW202101170344 Date/Time Generated: 28 April 2021 01:47:19 PM

SS NUMBER <b>35-0021431-9</b>		NAME		SURNAME	
(LAST NAME) <b>CABASAG</b>		(FIRST NAME) <b>KEMLIEH</b>		(SUFFIX) <b>CASUNGCAD</b>	
DATE OF BIRTH (MMDDYYYY) <b>08242001</b>		FACTS OF BIRTH		SEX <b>FEMALE</b>	
PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>		PROVINCE/STATE <b>CEBU</b>		COUNTRY <b>PHILIPPINES</b>	
FATHER'S NAME (LAST NAME) <b>CABASAG</b>		(FIRST NAME) <b>JOSE</b>		(MIDDLE NAME) <b>MONTALBAN</b>	
MOTHER'S MAIDEN NAME (LAST NAME) <b>CASUNGCAD</b>		(FIRST NAME) <b>BELEN</b>		(MIDDLE NAME) <b>ARELLANO</b>	
DEMOGRAPHIC DATA					
HOME ADDRESS (NO. FLR/UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>SITIO KALUBIHAN LABOGON MANDAUE CITY</b>					
(BARANGAY/DISTRICT/LOCALITY) <b>LABOGON</b>		(CITY/MUNICIPALITY) <b>MANDAUE CITY</b>		POSTAL CODE <b>6014</b>	
CIVIL STATUS <b>SINGLE</b>		HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)	
DISTINGUISHING FEATURE/S		NATIONALITY <b>FILIPINO</b>		RELIGION <b>CHRISTIAN</b>	
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER <b>(0926) 081-6191</b>		EMAIL ADDRESS <b>kemliehcabasag7@gmail.com</b>	
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	
CHILDREN (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)		(LAST NAME)		(FIRST NAME)	
CASUNGCAD		EDGAR		ARELLANO	
RELATIONSHIP		UNCLE		DATE OF BIRTH (MMDDYYYY) <b>07271972</b>	
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 Prof./Business Started		Monthly Earnings		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Monthly Earnings				Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION				ESTIMATED MONTHLY SALARY	
PURPOSE <b>FOR EMPLOYMENT</b>				PROFESSION/BUSINESS	
UMID CARD APPLICATION WITH ATM OPTION				(BANK BRANCH)	
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)					

**CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION**

- I certify that the information provided are true and correct.
- 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
- I trust that all these data shall be kept confidential by SSS and its service providers and my bank.
- 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.

SSS Mandaue  
 Received & Approved w/ Original  
 MARY ANN L. SEGOVIA