



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

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SS NUMBER **10-1454433-1**

NAME
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
SUPITER JELAIN TAN-AWON

FACTS OF BIRTH
 DATE OF BIRTH (MMDDYYYY) PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) SEX
01312000 DIPOLOG CITY (CAPITAL) ZAMBOANGA DEL NORTE PHILIPPINES FEMALE

FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
SUPITER JOSE LAGUTAP
 MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
TAN-AWON NELIA ARBEROLOS

DEMOGRAPHIC DATA
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE
OLINGAN DIPOLOG CITY (CAPITAL) ZAMBOANGA DEL NORTE 7100 0063

CIVIL STATUS HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION
SINGLE 161 52 FILIPINO CHRISTIAN

OTHER CARD APPLICANT DATA
 TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER EMAIL ADDRESS
(0909) 903-7852 supiterjelaine@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					
2					

FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	SS No./Common Reference No. of Working Spouse _____ _____ Monthly Income of Working Spouse (P) _____

PURPOSE OF APPLICATION

PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
FOR EMPLOYMENT / PRIOR REGISTRANT		

UMID CARD APPLICATION WITH ATM OPTION

UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)

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/creating 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. For this purpose, I consent for the sharing of my bank account number with SSS.