



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

MO0695IW202112023968 Date/Time Generated: 02 December 2021 12:07:07 PM

SS NUMBER						
35-1345060-7						
NAME						
(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)
GODINEZ		MARY DIVINE ROSE		LIBRE		
FACTS OF BIRTH						
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)		(COUNTRY)	SEX	
10272001	LAPU-LAPU CITY (OPON)	CEBU		PHILIPPINES	FEMALE	
FATHER'S NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)
GODINEZ		ROLANDO		BOOC		
MOTHER'S MAIDEN NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)
LIBRE		MARITES		FUENTES		
DEMOGRAPHIC DATA						
HOME ADDRESS (RM./FL./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.)		(STREET NAME)			(SUBDIVISION)	
3012		NEW ROAD				
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE		
PAJO	LAPU-LAPU CITY (OPON)	CEBU	6015	0063		
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S		NATIONALITY	RELIGION
SINGLE	165	47			FILIPINO	ROMAN CATHOLIC
OTHER CARD APPLICANT DATA						
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER	EMAIL ADDRESS				
	(0916) 657-7186	marydivinerosgodinez2001@yahoo.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		Foreign Address		SS No./Common Reference No. of Working Spouse		
Year Prof./Business Started				<input type="text"/> <input type="text"/>		
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P) _____		
		Are you applying for membership in the <i>Fast-Fund</i> Program?				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
PURPOSE OF APPLICATION						
PURPOSE	PROFESSION/BUSINESS				ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT						
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: <ul style="list-style-type: none"> 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.						