



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

MO0713IW202409024911 Date/Time Generated: 02 September 2024 11:22:35 AM

SS NUMBER 06-4963839-6					
NAME					
LAST NAME: ABO-ABO		FIRST NAME: HAZEN LOVE		MIDDLE NAME: ARWA	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY): 10162005	PLACE OF BIRTH: CEBU CITY (CAPITAL)	CITY/MUNICIPALITY: CEBU	PROVINCE/STATE: CEBU	COUNTRY: PHILIPPINES	SEX: FEMALE
FATHER'S NAME LAST NAME: ABO-ABO FIRST NAME: VICTOR MIDDLE NAME: ARIZA SUFFIX: SR		MOTHER'S MAIDEN NAME LAST NAME: ABO-ABO FIRST NAME: LEONILA MIDDLE NAME: ARWA SUFFIX:			
DEMOGRAPHIC DATA					
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.): TAMBIS STREET			SUBDIVISION: BANAWA		
BARANGAY/DISTRICT/LOCALITY: GUADALUPE		CITY/MUNICIPALITY: CEBU CITY (CAPITAL)	PROVINCE: CEBU	POSTAL CODE: 6000	COUNTRY CODE: 0063
CIVIL STATUS: SINGLE	HEIGHT (in centimeters): 147	WEIGHT (in kilograms): 44	DISTINGUISHING FEATURES:	NATIONALITY: FILIPINO	RELIGION: IGLESIA NI CRISTO
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.):		MOBILE NUMBER: (0935) 165-2204	EMAIL ADDRESS: hazenloveaboabo@gmail.com		
DEPENDENT(S)/BENEFICIARIES					
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 (Set without spouse & child and parents are both deceased)					
LAST NAME:		FIRST NAME:	MIDDLE NAME:	SUFFIX:	RELATIONSHIP
					DATE OF BIRTH (MMDDYYYY):
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 <small>Are you applying for membership in the Flex Fund Program?</small> <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: FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS:		ESTIMATED MONTHLY SALARY:	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME):			BANK BRANCH:		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<ol style="list-style-type: none"> I certify that the information provided are true and correct. 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/updates 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. 					