



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

MO0493IW202402261514 Date/Time Generated: 26 February 2024 08:23:28 PM

SS NUMBER
06-4754059-6

NAME
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
TRASES IVIE PEARL KINAKIN

FACTS OF BIRTH
 DATE OF BIRTH (MMDDYYYY) PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) SEX
09192002 CITY OF VALENCIA BUKIDNON PHILIPPINES FEMALE

FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
TRASES RANDELL ALCANTARA

MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
KINAKIN ALLYNE APUYA

DEMOGRAPHIC DATA
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)
BAGUMBAYAN 1

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) POSTAL CODE COUNTRY CODE
MARIBAGO LAPU-LAPU CITY (OPON) CEBU 6015 0063

CIVIL STATUS HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION
SINGLE 157 55 FILIPINO CHRISTIAN

OTHER CARD APPLICANT DATA

TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER EMAIL ADDRESS
965-6746337 (0965) 674-6337 trasesiviepearl@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	TRASES	LUKEE ANDREW	UBAY	Nephew	07262023
2	TRASES	ADRIAN	KINAKIN	Brother	06202005

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	Monthly Earnings Are you applying for membership in the Flexi-Fund Program?	Monthly Income of Working Spouse (P)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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)
UNION BANK OF THE PHILIPPINES UNIONBANK

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