



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

MO0891IW202206285368 Date/Time Generated: 28 June 2022 12:57:35 PM

SS NUMBER	06-4422205-3
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NAME			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
VILLARUEL	ELTON JOHN	YGOT	

FACTS OF BIRTH				
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)	SEX
01011998	CEBU CITY (CAPITAL)	CEBU	PHILIPPINES	MALE

FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
VILLARUEL	EMILIO	ARELLANO	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
YGOT	SARAH GIN	TORREVILLAS	

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

(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE
TINDOG	MEDELLIN	CEBU	6012	0063
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY
SINGLE	165	71		FILIPINO
				RELIGION
				ROMAN CATHOLIC

OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER	EMAIL ADDRESS	TIN
	(0961) 912-6768	villarueletonjohn@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)

FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE		
SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Profession/Business _____ Your First Business Started _____ Monthly Earnings _____	Foreign Address _____ _____ Monthly Earnings For you applying for membership in the First 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		

UMID CARD APPLICATION WITH ATM OPTION	
UMID CARD SS 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: - the collection, data capture, storage, business marketing and the transfer of my personal data for the generation/issuance 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.