



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 <b>06-4917562-6</b>					
<b>NAME</b>					
(LAST NAME) <b>DIONISIO</b>	(FIRST NAME) <b>HYACINTH MESHNIE</b>	(MIDDLE NAME) <b>CABANES</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>06152006</b>	PLACE OF BIRTH <b>CEBU CITY (CAPITAL)</b>	(CITY/MUNICIPALITY) <b>CEBU</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>
FATHER'S NAME <b>DIONISIO</b>	(LAST NAME) <b>DIONISIO</b>	(FIRST NAME) <b>WILBERT</b>	(MIDDLE NAME) <b>OZAETA</b>	(SUFFIX)	
MOTHER'S MAIDEN NAME <b>CABANES</b>	(LAST NAME) <b>CABANES</b>	(FIRST NAME) <b>LORIE JANE</b>	(MIDDLE NAME) <b>CENIZA</b>	(SUFFIX)	
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS - (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) <b>PUROK 6</b>	(STREET NAME) <b>SITIO SAN MIGUEL</b>	(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) <b>APAS</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>162</b>	WEIGHT (IN KILOGRAMS) <b>54</b>	DISTINGUISHING FEATURES	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER <b>(0962) 205-7925</b>	EMAIL ADDRESS <b>hyacinth.meshnie00@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY(IES)</b>					
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) (without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business  Year Prof./Business Started  Monthly Earnings		Foreign Address  Monthly Earnings Are you applying for membership in the Red-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse  Monthly Income of Working Spouse (P) _____	
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>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;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>					

**INSTRUCTIONS**

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally
  - Email address, if applied abroad
  - if card applicant cannot provide applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.