



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 35-1901575-8		
NAME		
(LAST NAME) RODRIGUEZ	(FIRST NAME) (MIDDLE NAME) (SUFFIX) JOHN CORTES	
FACTS OF BIRTH		
DATE OF BIRTH (MM/DD/YYYY) 03/04/2002	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCIAL/CITY/STATE) (COUNTRY) MANDAUE CITY CEBU PHILIPPINES	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RODRIGUEZ SALVADOR BELTRAN JR	MOTHER'S M maiden NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) CORTES GINA CATALAN	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM/FULLANT NO. & BLDG. NAME (IF AVAILABLE) (STREET NAME) (SUBDIVISION) CASUNTINGAN (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) MANDAUE CITY CEBU 6014 0063		
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) (WEIGHT (IN KILOGRAMS) (DISTINGUISHING FEATURES) (NATIONALITY) (RELIGION) 154 40 CEBUANO FILIPINO ROMAN CATHOLIC	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (HOME) (MOBILE) (FAX) (0995) 944-7290	EMAIL ADDRESS jcortesorodriguez2002@gmail.com	
DEPENDENTS/BENEFICIARIES		
SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MM/DD/YYYY)		
CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MM/DD/YYYY)		
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 (MM/DD/YYYY)		
1		
2		
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE		
SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings: Are you applying for membership in the Free-Trade Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)
PURPOSE OF APPLICATION		
PURPOSE FOR EMPLOYMENT	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		
<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"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/issuance of my UMID card production and delivery; transfer 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 release of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be held confidentially 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>		