



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

SSS CEBU-NRA BRANCH-MSS

JUL 20 2023 1A
 AIRA M.A.E.S. PICSON

MO0286/W202307204037 Date/Time Generated: 20 July 2023 09:37:09 AM

Received / Compared with: Original

SS NUMBER 06-4625612-4					
LAST NAME CARANOO		FIRST NAME ROSE MARIE		MIDDLE NAME BATAYOLA	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 11181996	PLACE OF BIRTH (CITY/MUNICIPALITY) BANTAYAN	PROVINCE/STATE CEBU	COUNTRY PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) CARANO-O (FIRST NAME) ROLANDO (MIDDLE NAME) SEVILLENLO		MOTHER'S MAIDEN NAME (LAST NAME) BATAYOLA (FIRST NAME) NENITA (MIDDLE NAME) DESAMPARADO			
DEMOGRAPHIC DATA					
HOME ADDRESS (PMA/PURAJANT NO. & BLDG. NAME or HOUSE/LOT NO. & BLDG. NO.) PUROK TUNGA DOS		(SUBDIVISION)			
BARANGAY/PS (LOCALITY) SUNGKO		CITY/MUNICIPALITY BANTAYAN		PROVINCE CEBU	COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (in centimeters) 163	WEIGHT (in kilograms) 80	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0967) 459-4813	EMAIL ADDRESS rosemariebcaranoo18@gmail.com		
DEPENDENT(S)/BENEFICIARY(IES)					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)					
1 (US/BAMEL)	KRAY ALEXANDER		CARANOO	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
2 (US/BAMEL)	KAYLE ABIGAIL		CARANOO	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
OTHER BENEFICIARY(IES) (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 Are you applying for membership in the Post-Pandemic 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 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					
1. I certify that the information provided are true and correct. 2. I hereby consent to: - the collection, data capture, storage, biometric mapping and the retention 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.					