



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

MO0159IW202302279837 Date/Time Generated: 27 February 2023 09:24:06 AM

SS NUMBER **06-4552177-9**

NAME  
 (LAST NAME) TAGA-AN (FIRST NAME) ERME LOU (MIDDLE NAME) MIOLE (SUFFIX)

FACTS OF BIRTH  
 DATE OF BIRTH (MMDDYYYY) **02132000** PLACE OF BIRTH (CITY/MUNICIPALITY) **CITY OF MALAYBALAY (CAPITAL)** (PROVINCE/STATE) **BUKIDNON** (COUNTRY) **PHILIPPINES** SEX **FEMALE**

FATHER'S NAME (LAST NAME) **TAGA-AN** (FIRST NAME) **TOMAS** (MIDDLE NAME) **CAITOM** (SUFFIX)  
 MOTHER'S MAIDEN NAME (LAST NAME) **MIOLE** (FIRST NAME) **ERMINA** (MIDDLE NAME) **BACARRO** (SUFFIX)

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

(BARANGAY/DISTRICT/LOCALITY) **MAUBO** (CITY/MUNICIPALITY) **VALENCIA** (PROVINCE) **BOHOL** POSTAL CODE **6306** COUNTRY CODE **0063**

CIVIL STATUS **SINGLE** HEIGHT (IN CENTIMETERS) **143** WEIGHT (IN KILOGRAMS) **45** DISTINGUISHING FEATURE/S NATIONALITY **FILIPINO** RELIGION **UNITED PENTECOSTAL**

OTHER CARD APPLICANT DATA  
 TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER **(0967) 419-2589** EMAIL ADDRESS **tagaanermeloum@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 |  |  |  |  |  |
| 2 |  |  |  |  |  |

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 Flex-Fund Program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 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  
 UMID CARD AS ATM CARD (BANK NAME) **UNION BANK OF THE PHILIPPINES** (BANK BRANCH) **SSS EAST AVENUE**

CERTIFICATION DATA PRIVACY CONSENT AND AUTHORIZATION  
 I hereby 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.