



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

Transaction Number: MO0558IW202107125694 Date/Time Generated: 16 July 2021 11:40:25 AM

SS NUMBER 35-0780997-6	
NAME (LAST NAME) DAGOC (FIRST NAME) ANGEL MAY (MIDDLE NAME) BACULIO (SUFFIX)	
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 03051981	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES (SEX) FEMALE
FATHER'S NAME (LAST NAME) DAGOC (FIRST NAME) PRISCILO (MIDDLE NAME) SUMUBAY (SUFFIX) SR	MOTHER'S MAIDEN NAME (LAST NAME) BACULIO (FIRST NAME) CLARITA (MIDDLE NAME) MABAO (SUFFIX)
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) REGLA ST. (STREET NAME) (SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) MABOLO (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) (PROVINCE) CEBU	POSTAL CODE 6000 COUNTRY CODE 0063
CIVIL STATUS SINGLE HEIGHT (IN CENTIMETERS) 150 WEIGHT (IN KILOGRAMS) 43	DISTINGUISHING FEATURES NATIONALITY FILIPINO RELIGION CHRISTIAN

OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0915) 318-3724 EMAIL ADDRESS angeldagoc06@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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Income of Working Spouse (P)

PURPOSE OF APPLICATION		
PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
FOR EMPLOYMENT		

UMID CARD APPLICATION WITH ATM OPTION	
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)	(BANK BRANCH)

CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION

- I 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,
 - 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.
- I trust that all these data shall be kept confidential by SSS and its service providers and my bank.
- 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.