



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

MO0879IW202206172090 Date/Time Generated: 20 June 2022 12:38:43 PM

SS NUMBER 06-4416890-0	
NAME	
(LAST NAME) PRADILLA	(FIRST NAME) (MIDDLE NAME) (SUFFIX) MARIA LOURDES ABING
FACTS OF BIRTH	
DATE OF BIRTH (MMDYYYY) 11282002	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) MANDAUE CITY CEBU PHILIPPINES FEMALE
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) PRADILLA RONILO BEDRIJO	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) ABING LUCIA BULALAUQUE
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) BLOCK 18 LOT 17 HOUSING	
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) CANDUMAN MANDAUE CITY CEBU 6014 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION 163 67 FILIPINO ROMAN CATHOLIC
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL NO.) 032-8889010	MOBILE NUMBER EMAIL ADDRESS TIN (0995) 836-4528 mh1prdll@gmail.com
DEPENDENT(S)/BENEFICIARY/IES	
SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDYYYY)	
CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDYYYY)	
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 (MMDYYYY)	
1 PRADILLA JOHN RONNEL ABING Brother 05212007	
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE	
SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	Foreign Address _____ _____ _____ Monthly Earnings Are you applying for membership in the Flexi-Fund 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/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. <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</p>	