



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

LAPU LAPU BRANCH

RECEIVED

COMPARED W/ ORIGINAL

MO0950IW202505090182 Date/Time Generated: 09 May 2025 11:51:53 AM

MAPEL B. ORIOQUE

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25 NOV 2025

SS NUMBER 06-5106503-8		NAME	
(LAST NAME) AMISTOSO	(FIRST NAME) REINZ MARLUEE	(MIDDLE NAME) AMORES	(SUFFIX)
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY) 03222002	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES
SEX MALE			
FATHER'S NAME (LAST NAME) AMISTOSO	(FIRST NAME) RULEE	(MIDDLE NAME) TAGHOY	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) AMISTOSO	(FIRST NAME) MARY MAE	(MIDDLE NAME) AMORES	(SUFFIX)
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME) PUROK MAKUGIHON, SITIO TUMOY	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) IBABAO	(CITY/MUNICIPALITY) CORDOVA	(PROVINCE) CEBU	POSTAL CODE 6017
COUNTRY CODE 0063	CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 174	WEIGHT (IN KILOGRAMS) 67
DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN	
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0960) 422-9399	EMAIL ADDRESS marlueeamistoso@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 Income of Working Spouse (P)	
Monthly Earnings	Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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			
<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 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>			