



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

MO0756IW202410125552 Date/Time Generated: 12 October 2024 02:28:16 PM

SS NUMBER		06-4995625-6	
<b>NAME</b>			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ANGA	JASON	RADIGOS	
<b>FACTS OF BIRTH</b>			
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)
04052002	CITY OF CARCAR	CEBU	PHILIPPINES
FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ANGA	RUEL	CAMPANA	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
RADIGOS	CIRILA	CANETE	
<b>DEMOGRAPHIC DATA</b>			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
PERRELOS		PERRELOS	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE
PERRELOS	CITY OF CARCAR	CEBU	6019
COUNTRY CODE	CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)
0063	SINGLE	173	46.9
DISTINGUISHING FEATURE/S	NATIONALITY	RELIGION	
	FILIPINO	CHRISTIAN	
<b>OTHER CARD APPLICANT DATA</b>			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS	
	(0906) 977-3762	angajason@gmail.com	
<b>DEPENDENT(S)/BENEFICIARY/IES</b>			
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
1			
2			
3			
4			
5			
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
1			
2			
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>			
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>	
Profession/Business		Foreign Address	
Year Prof./Business Started		Monthly Earnings	
Monthly Earnings		Are you applying for membership in the Flexi-Fund Program?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NON-WORKING SPOUSE (NWS)</b>			
SS No./Common Reference No. of Working Spouse			
Monthly Income of Working Spouse (P)			
<b>PURPOSE OF APPLICATION</b>			
PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT / PRIOR REGISTRANT			
<b>UMID CARD APPLICATION WITH ATM OPTION</b>			
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)	
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>			
<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"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <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>			