



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

MO0235IW202601087805 Date/Time Generated: 08 January 2026 01:40:28 PM

SS NUMBER 06-5251331-4		
NAME		
(LAST NAME) FORTICH	(FIRST NAME) (MIDDLE NAME) (SUFFIX) SHARAH MAY BATOMALAQUE	
FACTS OF BIRTH		
DATE OF BIRTH (MMDDYYYY) 05212006	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) CEBU CITY (CAPITAL) CEBU PHILIPPINES FEMALE	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) FORTICH REYCHARD BARDISCO	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) BATOMALAQUE WEALTH MENDEZ	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) HOUSE NO. 1 ALINSUG STREET VILLA SEBASTIANA	(CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) JAGOBIAO MANDAUE CITY CEBU 6014 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION 155 68 FILIPINO CHRISTIAN	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.) (0947) 490-0610	MOBILE NUMBER EMAIL ADDRESS (0947) 490-0610 fortichshara@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) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	OVERSEAS FILIPINO WORKER (OFW) 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 / 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>		