



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

MO0888IW202502282830 Date/Time Generated: 28 February 2025 05:58:40 AM

SS NUMBER		06-5071769-1	
NAME			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SALDUA	BEBIANO JR	ESTILLORE	
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)
03062001	CITY OF TALISAY	CEBU	PHILIPPINES
			SEX
			MALE
FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SALDUA	BEBIANO	MAIMOT	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ESTILLORE	VIVIAN	MILLORIA	
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
		DIKE	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE
JACLUPAN	CITY OF TALISAY	CEBU	6045
			COUNTRY CODE
			0063
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S
SINGLE	170.18	63	
			NATIONALITY
			FILIPINO
			RELIGION
			CHRISTIAN
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS	
	(0951) 129-9730	bebianojrsaldua@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)
1			(SUFFIX)
			DATE OF BIRTH (MMDDYYYY)
2			
3			
4			
5			
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
1			RELATIONSHIP
			DATE OF BIRTH (MMDDYYYY)
2			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)	
Profession/Business		Foreign Address	
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	
NON-WORKING SPOUSE (NWS)			
SS No./Common Reference No. of Working Spouse			
Monthly Income of Working Spouse (P)			
PURPOSE OF APPLICATION			
PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT / PRIOR REGISTRANT			
UMID CARD APPLICATION WITH ATM OPTION			
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION			
1. I certify that the information provided are true and correct. 2. 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.			