



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

MO0309IW202308072264 Date/Time Generated: 10 August 2023 06:43:57 AM

SS NUMBER 08-3204112-7	
NAME (LAST NAME) SABAUPAN (FIRST NAME) APRIL FRANCES JIHAN (MIDDLE NAME) BACOR (SUFFIX)	
FACTS OF BIRTH DATE OF BIRTH (MMDDYYYY) 04152000 PLACE OF BIRTH (CITY/MUNICIPALITY) CAGAYAN DE ORO CITY (CAPITAL) (PROVINCE/STATE) MISAMIS ORIENTAL (COUNTRY) PHILIPPINES SEX FEMALE	
FATHER'S NAME (LAST NAME) SABAUPAN (FIRST NAME) FLORENCIO (MIDDLE NAME) SANORJA (SUFFIX) JR	
MOTHER'S MAIDEN NAME (LAST NAME) BACOR (FIRST NAME) JENETH (MIDDLE NAME) ARNALDO (SUFFIX)	
DEMOGRAPHIC DATA HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) BLK.27, LOT 10 - (STREET NAME) PHASE II-A (SUBDIVISION) VILLA TRINITAS SUBDIVISION	
(BARANGAY/DISTRICT/LOCALITY) BUGO (CITY/MUNICIPALITY) CAGAYAN DE ORO CITY (CAPITAL) (PROVINCE) MISAMIS ORIENTAL POSTAL CODE 9000 COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 154 WEIGHT (IN KILOGRAMS) 72 DISTINGUISHING FEATURE/S NATIONALITY FILIPINO RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER (0906) 793-6066 EMAIL ADDRESS prillebacor@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 SABAUPAN FRANZ JILLIANE JAMEELA BACOR Sister 97182006	
2 SABAUPAN FRANZINE JOANNA BACOR Sister 06822010	
3 SABAUPAN JERICO FLORENZ BACOR Brother 96292004	
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 <small>Are you applying for membership in the Flexi-Fund Program?</small> <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 checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) UNION BANK OF THE PHILIPPINES (BANK BRANCH) UNIONBANK	
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/updates 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>	