



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

MO02341W202601074044 Date/Time Generated: 07 January 2026 03:54:47 PM

SS NUMBER 06-5250565-2	
NAME (LAST NAME) ESOLA (FIRST NAME) ARJEN (MIDDLE NAME) (SUFFIX)	
FACTS OF BIRTH DATE OF BIRTH (MMDDYYYY) 09152002 PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES SEX FEMALE	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) MOTHER'S MAIDEN NAME (LAST NAME) ESOLA (FIRST NAME) ARJEN (MIDDLE NAME) (SUFFIX)	
DEMOGRAPHIC DATA HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) P. LABUCA ST.	
(BARANGAY/DISTRICT/LOCALITY) CANSOJONG (CITY/MUNICIPALITY) CITY OF TALISAY (PROVINCE) CEBU POSTAL CODE 6045 COUNTRY CODE 0063	
CIVIL STATUS SINGLE HEIGHT (IN CENTIMETERS) 160 WEIGHT (IN KILOGRAMS) 54 DISTINGUISHING FEATURE/S NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC	
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER (0991) 901-4753 EMAIL ADDRESS esolaarjen09@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 GASALATAN ADEYAN BLAIRE ESOLA 05052020 2 GASALATAN KENTH ZACHARY ESOLA 05112023	
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)	
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 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 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 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.	