



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

MO0142IW202510049214 Date/Time Generated: 04 October 2025 09:42:32 PM

SS NUMBER 06-5215364-8	
NAME	
(LAST NAME) BLANCO	(FIRST NAME) (MIDDLE NAME) (SUFFIX) ROLLY PEPITO
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 01011979	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) MANDAUE CITY CEBU PHILIPPINES MALE
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) BLANCO THOMAS CASTRO	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) BLANCO LINA PEPITO
DEMOGRAPHIC DATA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) SANTO NIÑO. 2	
(BARRANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) CASILI CONSOLACION CEBU 6001 0063	
CIVIL STATUS MARRIED	HEIGHT (IN CENTIMETERS) (WEIGHT (IN KILOGRAMS)) (DISTINGUISHING FEATURE/S) (NATIONALITY) (RELIGION) 163 58 FILIPINO ROMAN CATHOLIC
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL. NO.) (MOBILE NUMBER) (EMAIL ADDRESS) (0906) 137-5331 rollyblanco662@gmail.com	
DEPENDENT(S)/BENEFICIARY/IES	
SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MMDDYYYY))	
1. BATONG DULWINA COMLANG 08261989	
CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MMDDYYYY))	
1. BLANCO JOHN KYLE BATONG 09082009	
2. BLANCO CARMEL BATONG 07182001	
3. BLANCO FRANCE ROWEN BATONG 12282005	
4. BLANCO DWENLY MATTEO BATONG 11272017	
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 Res-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>	

INSTRUCTIONS

