



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

MO0995IW202506142532 Date/Time Generated: 14 June 2025 09:07:44 AM

SS NUMBER				06-5134613-9			
NAME							
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)				
LACSON	JOSHUA	LEDESMA	2ND				
FACTS OF BIRTH							
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)	SEX			
11262005	CITY OF TALISAY	CEBU	PHILIPPINES	MALE			
FATHER'S NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)			
	LACSON	JOE SANDY	GUSTILO				
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)			
	LEDESMA	ELA	ALABATE				
DEMOGRAPHIC DATA							
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)	(STREET NAME)	(SUBDIVISION)					
727	ST. JOHN	MINGCOURT SUBDIVISION					
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE			
BULACAO	CITY OF TALISAY	CEBU	6045	0063			
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY	RELIGION		
SINGLE	166	45		FILIPINO	CHRISTIAN		
OTHER CARD APPLICANT DATA							
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS					
	(0991) 484-3907	joshuallacson@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)		OVERSEAS FILIPINO WORKER (OFW)			NON-WORKING SPOUSE (NWS)		
Profession/Business		Foreign Address			SS No./Common Reference No. of Working Spouse		
Year Prof./Business Started					<input type="text"/> <input type="text"/>		
Monthly Earnings		Monthly Earnings			Monthly Income of Working Spouse (P) _____		
		Are you applying for membership in the Flexi-Fund Program?					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
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.							