



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

MO0323IW202308172653 Date/Time Generated: 17 August 2023 12:36:54 PM

SS NUMBER <b>06-4650052-4</b>					
<b>NAME</b>					
(LAST NAME) <b>TORREMOCHA</b>	(FIRST NAME) <b>ALJEN</b>	(MIDDLE NAME) <b>NA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>11232001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CITY OF DASMARIÑAS</b>	(PROVINCE/STATE) <b>CAVITE</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
<b>YBURAN</b>		<b>JENIFER</b>	<b>TORREMOCHA</b>		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>ADELFA</b>			(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) <b>DAWIS SUR</b>	(CITY/MUNICIPALITY) <b>CARMEN</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6005</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>148</b>	WEIGHT (IN KILOGRAMS) <b>54</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0999) 507-5699</b>	EMAIL ADDRESS <b>aljentorremocha@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
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 Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
1. I certify that the information provided are true and correct. 2. I hereby consent to: <ul style="list-style-type: none"> <li>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;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> 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.					