



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

MO0314IW202308101988 Date/Time Generated: 10 August 2023 01:58:52 PM

SS NUMBER 08-3204387-9			
NAME			
(LAST NAME) GAYONA	(FIRST NAME) RUFA MAE	(MIDDLE NAME) ABANCIA	(SUFFIX)
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY) 02242001	PLACE OF BIRTH (CITY/MUNICIPALITY) SAN JOSE (CAPITAL)	(PROVINCE/STATE) DINAGAT ISLANDS	(COUNTRY) PHILIPPINES
SEX FEMALE			
FATHER'S NAME (LAST NAME) GAYONA	(FIRST NAME) JOSE	(MIDDLE NAME) PATAC	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) ABANCIA	(FIRST NAME) EVELYN	(MIDDLE NAME) NABLO	(SUFFIX)
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) JACQUEZ	(CITY/MUNICIPALITY) SAN JOSE (CAPITAL)	(PROVINCE) DINAGAT ISLANDS	POSTAL CODE 8427
		COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 146	WEIGHT (IN KILOGRAMS) 37	DISTINGUISHING FEATURE/S
		NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0981) 233-8013	EMAIL ADDRESS rufamaegayona24@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			
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 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.			