



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

Transaction Number: MO0414IW202102106252 Date/Time Generated: 10 March 2021 07:54:38 AM

SS NUMBER 35-0159693-9					
NAME					
(LAST NAME) ELUMBARING		(FIRST NAME) MARY JESSIE LYNN		(MIDDLE NAME) (SUFFIX) SALDON	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 12181992	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) PALUBON		(FIRST NAME) EMERALD		(MIDDLE NAME) (SUFFIX) ONDONG	
MOTHER'S MAIDEN NAME (LAST NAME) ELUMBARING		(FIRST NAME) ANNABELLE		(MIDDLE NAME) (SUFFIX) SALDON	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME OR HOUSE/LOT NO. & BLK. NO.) ABELLA TOWNHOU UNIT 1			(STREET NAME) JUMABON STREET	(SUBDIVISION) SAN ANTONIO VILL PHASE 2	
(BARANGAY/DISTRICT/LOCALITY) APAS	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 156	WEIGHT (IN KILOGRAMS) 75	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0975) 888-0739	EMAIL ADDRESS jessielynns555@gmail.com			
DEPENDENT/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	LUMANTAS	TIFFANY			04282009
2	LUMANTAS	THEA SHANNEL	PALUBON		07182013
3	LUMANTAS	THALIA	ELUMBARING		12182016
OTHER BENEFICIARY/IES (without spouse & child and parents are both deceased)					
	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1	LUMANTAS	JOHN VINCENT	TECSON		Guardian/Caretaker
DATE OF BIRTH (MMDDYYYY) 07191990					
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 Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		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>					