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

(05-2013)

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SS NUMBER
02-5180303-0

NAME			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
BASCO	**JOMAR**	**DE JESUS**	

FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) **12062001**	PLACE OF BIRTH	(CITY/MUNICIPALITY) **SAN ANTONIO**	(PROVINCE/STATE) **NUEVA ECIJA**	(COUNTRY) **PHILIPPINES**	SEX **MALE**

FATHER'S NAME	(LAST NAME) **BASCO**	(FIRST NAME) **RENE**	(MIDDLE NAME) **DELA CRUZ**	(SUFFIX)
MOTHER'S MAIDEN NAME	(LAST NAME) **DE JESUS**	(FIRST NAME) **JENNIFER**	(MIDDLE NAME) **AGAPITO**	(SUFFIX)

DEMOGRAPHIC DATA				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) **190**	(STREET NAME) **PUROK 6**	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) **BULIRAN**	(CITY/MUNICIPALITY) **SAN ANTONIO**	(PROVINCE) **NUEVA ECIJA**	POSTAL CODE **3108**	COUNTRY CODE **0063**
CIVIL STATUS **SINGLE**	HEIGHT (IN CENTIMETERS) **165.1**	WEIGHT (IN KILOGRAMS) **60**	DISTINGUISHING FEATURE/S	NATIONALITY **FILIPINO**	RELIGION **BORN AGAIN**

OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER **(0910) 448-5386**	EMAIL ADDRESS **bascojomar02@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 deseased)**

(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 Are you applying for membership in the Flexi-Fund Program? ☐YES ☐NO	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

☐ UMID CARD AS ATM CARD   (BANK NAME)   (BANK BRANCH)

CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
3. Place a checkmark on the applicable box.
4. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
5. Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
6. Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
   To convert: 1 ft = 30.48 cm   1 in = 2.54 cm   1 lb = 0.4536 kg
7. Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
8. Always indicate the following **mandatory** information:
   * Country of place of birth, if born outside the Philippines
   * Mobile number, if applied locally*
   * Email address, if applied abroad*
      * if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
9. **For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
10. **For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE

IDENTIFICATION REQUIREMENTS (Present the original)	IDENTIFICATION REQUIREMENTS (Present the original)
A. Primary ID card/document [any one (1) of the following]: ☐ 1. Unified Multi-Purpose ID Card ☐ 2. Social Security Card ☐ 3. Alien Certificate of Registration ☐ 4. Driver's License ☐ 5. Firearm Registration ☐ 6. License to Own and Possess Firearms ☐ 7. National Bureau of Investigation (NBI) Clearance ☐ 8. Passport ☐ 9. Permit to Carry Firearms Outside of Residence ☐ 10. Postal Identity Card ☐ 11. Seafarer's Identification & Record Book (Seaman's Book) ☐ 12. Voter's ID Card **B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.** ☐ _____ _____	**A.** For card replacement due to amendment of data/authenticating finger ☐ Previously issued SS digitized ID or UMID card of the card applicant ☐ Proof of payment **B.** For card replacement due to lost SS digitized ID or UMID Card ☐ Duly notarized Affidavit of Loss ☐ Proof of payment **C.** For card replacement due to non-receipt of UMID Card ☐ Duly notarized Affidavit of Non-Receipt of Card ☐ Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card ☐ Proof of payment **C.** For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s ☐ Proof of payment

12. Observe proper attire when applying for a UMID card.

DOs	DONTs	
• Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories	• Wearing of the following: a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses	d. Metal piercing in any part of the face e. Head gear f. Sunglasses

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REMINDERS

1. Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
4. To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss_id@sss.gov.ph.
5. Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.