



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

MO0289IW202307224148 Date/Time Generated: 23 July 2023 10:09:52 PM

SS NUMBER 09-4939549-4					
NAME (LAST NAME) ABLIN (FIRST NAME) JUSTINE (MIDDLE NAME) CADAVOS (SUFFIX)					
FACTS OF BIRTH DATE OF BIRTH (MMDDYYYY) 10222000 PLACE OF BIRTH (CITY/MUNICIPALITY) GENERAL SANTOS (PROVINCE/STATE) SOUTH COTABATO (COUNTRY) PHILIPPINES SEX FEMALE					
FATHER'S NAME (LAST NAME) ABLIN (FIRST NAME) WARLITO (MIDDLE NAME) BURLAS (SUFFIX)					
MOTHER'S MAIDEN NAME (LAST NAME) CADAVOS (FIRST NAME) ELENA (MIDDLE NAME) BINONGO (SUFFIX)					
DEMOGRAPHIC DATA HOME ADDRESS (PM, PL, UNIT NO. & FLDG. NAME OR HOUSELINE NO. & BLK NO.) LOT 4 BLK 2 (CITY/MUNICIPALITY) DUHA STREET (SUBDIVISION) SAN RAFAEL VILLAGE (BARANGAY/LOCALITY) BARANGAY 10-A (POB.) (CITY/MUNICIPALITY) DAVAO CITY (PROVINCE) DAVAO DEL SUR (POSTAL CODE) 8026 (COUNTRY CODE) 0063					
CIVIL STATUS SINGLE HEIGHT (IN CM/MILLIMETERS) 145 WEIGHT (IN KG/KILOGRAMS) 47 DISTINGUISHING FEATURES NATIONALITY FILIPINO RELIGION CHRISTIAN					
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (LANDLINE + TEL. NO.) MOBILE NUMBER (0963) 102-5438 EMAIL ADDRESS ablin.archimedes@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) 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) Protection/Business Year Prot./Business Started Monthly Earnings		OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings Are you applying for membership in the Phil-Fund Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse 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 <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/issuance of my UMID, civil protection 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 - deposit 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.					