



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

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SS NUMBER 09-4754042-9	
NAME	
(LAST NAME) BUENAVENTE	(FIRST NAME) (MIDDLE NAME) (SUFFIX) HAZEL MAE NANTES
FACTS OF BIRTH	
DATE OF BIRTH (MMDDYYYY) 01202000	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) CITY OF TACURONG SULTAN KUDARAT PHILIPPINES FEMALE
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) BUENAVENTE DOMINGO SONICO	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) NANTES TERESITA MOSTOLES
DEMOGRAPHIC DATA	
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME IF HOUSE/LOT NO. & R/R NO.) (STREET NAME) (BLDG DIVISION) PUROK 4 WAYA-WAYA	
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) SAN EMMANUEL CITY OF TACURONG SULTAN KUDARAT 9800 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURES NATIONALITY RELIGION 154 48 FILIPINO CHRISTIAN
OTHER CARD APPLICANT DATA	
TELEPHONE NUMBER (AREA CODE + TEL NO.) (0938) 983-1844	MOBILE NUMBER EMAIL ADDRESS TIN (0938) 983-1844 hazelmaebuenavente20@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	
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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 BUENAVENTE JAN ANDREA JOY CASATA Niece 11302012	
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE	
SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings NON-WORKING SPOUSE (NWS) SSS-TACURONG SS No./Common Reference No. of Working Spouse JUN 08 2022 Monthly Income of Working Spouse (P) ANILLETTE O. BAUTISTA ANASTACIO SR. MSR
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	
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.	