



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

Transaction Number: MO0398IW202101282571 Date/Time Generated: 28 January 2021 04:39:17 PM

<b>SS NUMBER</b> <b>35-0090356-5</b>				
<b>NAME</b>				
(LAST NAME) <b>MABASA</b>	(FIRST NAME) <b>JOHELLE MAE</b>	(MIDDLE NAME) <b>TOGONON</b>	(SUFFIX)	
<b>FACTS OF BIRTH</b>				
DATE OF BIRTH (MMDDYYYY) <b>01161997</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>DAVAO CITY</b>	(PROVINCE/STATE) <b>DAVAO DEL SUR</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>
FATHER'S NAME (LAST NAME) <b>MABASA</b>	(FIRST NAME) <b>JOSELITO</b>	(MIDDLE NAME) <b>FERNANDEZ</b>	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) <b>TOGONON</b>	(FIRST NAME) <b>EVALINDA</b>	(MIDDLE NAME) <b>MAITEM</b>	(SUFFIX)	
<b>DEMOGRAPHIC DATA</b>				
HOME ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>SUNFLOWER ST. STA. CRUZ, AGDAO</b>		(STREET NAME) (SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>LEON GARCIA, SR.</b>	(CITY/MUNICIPALITY) <b>DAVAO CITY</b>	(PROVINCE) <b>DAVAO DEL SUR</b>	POSTAL CODE <b>8000</b>	COUNTRY CODE <b>0063</b>
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>152.4</b>	WEIGHT (IN KILOGRAMS) <b>50</b>	DISTINGUISHING FEATURE/S	
<b>OTHER CARD APPLICANT DATA</b>				
TELEPHONE NUMBER (AREA CODE + TEL. NO.) <b>082-3928476</b>	MOBILE NUMBER <b>(0906) 059-1736</b>	EMAIL ADDRESS <b>jochellemae16@gmail.com</b>		
<b>DEPENDENT(S)/BENEFICIARY/IES</b>				
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	MABASA	ELAZA	TOGONON	Sister 01061998
2	AMORIN	JIMILYN	TOGONON	Aunt 03201979
3	AMORIN	JINIVER	TOGONON	Cousin 07022013
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>				
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>
Profession/Business  Year Prof./Business Started  Monthly Earnings		Foreign Address  Monthly Earnings Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse  Monthly Income of Working Spouse (P)
<b>PURPOSE OF APPLICATION</b>				
PURPOSE <b>FOR EMPLOYMENT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY
<b>UMID CARD APPLICATION WITH ATM OPTION</b>				
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)				
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>				
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/updates 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.				