



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

MO0914IW202207167168 Date/Time Generated: 17 July 2022 03:01:44 PM

SS NUMBER		09-4774153-2			
NAME					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
HERRERA	JESSA	ARGUELLES			
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)	SEX	
10121999	DATU PAGLAS	MAGUINDANAO	PHILIPPINES	FEMALE	
FATHER'S NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
HERRERA	JESSA	JOHNNY	DIAZ		
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
ARGUELLES	RUTHCELLY	BAULITE			
DEMOGRAPHIC DATA					
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSELOT NO. & BLK. NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/STRIC LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE	
BONAWAN	DATU PAGLAS	MAGUINDANAO	9617	0063	
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURES	NATIONALITY	RELIGION
SINGLE	152	50		FILIPINO	CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + NUMBER)		MOBILE NUMBER	EMAIL ADDRESS		
		(0948) 527-1199	jessangpeach@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 deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1 HERRERA	JESSA	ARGUELLES	SRD	Spouse	06/26/2022
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		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Free-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE	PROFESSION/BUSINESS			ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT					
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.					

*Y. O. Lopez*