



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

MO0863IW202206068810 Date/Time Generated: 06 June 2022 06:26:25 PM

SS NUMBER 09-4753014-1				
NAME				
(LAST NAME) MACAILING	(FIRST NAME) ROCHELLE	(MIDDLE NAME) TRONZAL	(SUFFIX)	
FACTS OF BIRTH				
DATE OF BIRTH (MMDDYYYY) 06221999	PLACE OF BIRTH (CITY/MUNICIPALITY) MATALAM	(PROVINCE/STATE) COTABATO (NORTH PHILIPPINES COTABATO)	(COUNTRY)	SEX FEMALE
FATHER'S NAME (LAST NAME) MACAILING	(FIRST NAME) RODILLO	(MIDDLE NAME) JUNGCO	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) TRONZAL	(FIRST NAME) LEONIDES	(MIDDLE NAME) PIAMONTE	(SUFFIX)	
DEMOGRAPHIC DATA				
HOME ADDRESS (PRV./PUR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLOCK NO.) PUROK 6		(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) DALIBE	(CITY/MUNICIPALITY) M'LANG	(PROVINCE) COTABATO (NORTH COTABATO)	POSTAL CODE 9402	COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 5	WEIGHT (IN KILOGRAMS) 60	DISTINGUISHING FEATURE(S)	NATIONALITY FILIPINO
RELIGION CHRISTIAN				
OTHER CARD APPLICANT DATA				
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0918) 694-9741	EMAIL ADDRESS rmacailing_180000001438@uic.edu.ph	
TIN				
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				
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		Monthly income of Working Spouse (P)
		Are you applying for membership in the Field-Force Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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/issuance 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.				