



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

MO0937W202208021855 Date/Time Generated: 02 August 2022 03:53:25 PM

SS NUMBER 09-4784584-9						
NAME						
(LAST NAME) ALBET	(FIRST NAME) ANABELLA	(MIDDLE NAME) SALPID	(SUFFIX)			
FACTS OF BIRTH						
DATE OF BIRTH (MMDDYYYY) 07201999	PLACE OF BIRTH COMPOSTELA	(CITY/MUNICIPALITY) COMPOSTELA VALLEY	(PROVINCE/STATE) PHILIPPINES	SEX FEMALE		
FATHER'S NAME (LAST NAME) ALBET	(FIRST NAME) JOSIE	(MIDDLE NAME) COSCOS	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) SALPID	(FIRST NAME) MINDALITA	(MIDDLE NAME) GOZON	(SUFFIX)			
DEMOGRAPHIC DATA						
HOME ADDRESS (RM/PUR/UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) PUROK 9						
(BARANGAY/DISTRICT/LOCALITY) SIOCON	(CITY/MUNICIPALITY) COMPOSTELA	(PROVINCE) COMPOSTELA VALLEY	POSTAL CODE 8803	COUNTRY CODE 0063		
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 149	WEIGHT (IN KILOGRAMS) 38	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION CHRISTIAN	
OTHER CARD APPLICANT DATA						
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0909) 932-1960	EMAIL ADDRESS bellaaibet@gmail.com			
DEPENDENTS/BENEFICIARIES						
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)						
1	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1	ALBIT	ANALIZA	SALPID		Sister	04011984
2	ALBIT	JOSIE	SALPID		Brother	08131986
3	ALBIT	JOSIE MARIE	SALPID		Brother	01111993
4	ALBIT	ANALOU	SALPID		Sister	05111987
5	BANDOLA	RENE JOELLAR	ALBIT		Nephew	08221978
6	BANDOLA	RENE JASMIN	ALBIT		Niece	08221979
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 <small>Are you applying for membership in the New-Paid Program?</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		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 checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) UNION BANK OF THE PHILIPPINES		(BANK BRANCH) UNIONBANK				
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;						
• 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;						
• the sharing of these data with SSS service providers to carry out the purposes stated above; and						
• the 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.						