

(07-2013)

Republic of the Philippines
**UNIFIED MULTI-PURPOSE ID (UMID) CARD
 APPLICATION FORM**



THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN **CAPITAL LETTERS** AND **USE BLACK OR BLUE INK ONLY**.

NAME OF AGENCY <div style="text-align: center;">SOCIAL SECURITY SYSTEM</div>	COMMON REFERENCE NUMBER (IF ANY) <table border="1" style="width:100%; text-align: center; height: 15px;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>												
PURPOSE <input type="checkbox"/> INITIAL ENROLLMENT <input type="checkbox"/> CARD REPLACEMENT <input type="checkbox"/> Replacement of Lost Card <input type="checkbox"/> Amendment of Facts of Birth <input type="checkbox"/> Others _____ <input type="checkbox"/> Replacement of Damaged Card <input type="checkbox"/> Amendment of Demographic Data <input type="checkbox"/> Amendment of Name <input type="checkbox"/> Amendment of Authenticating Finger													

PART I - NAME

1. NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
MAIDEN NAME (LAST NAME) <small>(IF MARRIED FEMALE)</small>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

PART II - FACTS OF BIRTH

2. DATE OF BIRTH (MMDDYYYY) 	3. PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY, if born outside the Philippines)	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5a. FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)		
5b. MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)		

PART III - DEMOGRAPHIC DATA

6. HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE/STATE)	ZIP CODE	COUNTRY CODE
7. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED/ANNULLED <input type="checkbox"/> LEGALLY SEPARATED		
8. TAX IDENTIFICATION NUMBER (IF ANY)	9. HEIGHT (IN CENTIMETERS)	10. WEIGHT (IN KILOGRAMS)
11. DISTINGUISHING FEATURE(S)		

PART IV - STATEMENT OF CONSENT

I declare that I am fully aware that the above data shall be used for securing my Common Reference Number (CRN) for the Unified Multi-Purpose ID (UMID) System or updating my personal data in the CRN Registry. I trust that the above data shall remain confidential, hence, I give my consent that the same data be secured and accessed for subsequent validation, verification and other purpose consistent with the objectives of the UMID System under Executive Order No. (EO) 420 as amended by EO No. 700. I further affirm that all statements/data, which appear in this application form and made by me are true, correct and complete to the best of my knowledge and belief.

_____ PRINTED NAME	_____ SIGNATURE	_____ DATE
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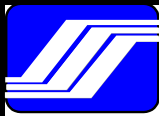
PART V - OTHER ENROLLEE DATA

SS NUMBER 	TELEPHONE NUMBER (AREA CODE + TEL. NO.) 	MOBILE/CELLPHONE NUMBER 	E-MAIL ADDRESS
IF YOU ARE A SURVIVING SPOUSE/GUARDIAN/DEPENDENT OF DECEASED/PENSIONER MEMBER, PLEASE INDICATE SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) OF DECEASED/PENSIONER MEMBER BELOW			
SS NUMBER/COMMON REFERENCE NUMBER 	NAME OF MEMBER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME) (SUFFIX)

PART VI - FOR SSS USE ONLY

IDENTIFICATION/DOCUMENT/S PRESENTED	REMARKS
SCREENED BY	DATA CAPTURED BY
_____ SIGNATURE OVER PRINTED NAME DATE & TIME BRANCH	_____ SIGNATURE OVER PRINTED NAME DATE & TIME

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Republic of the Philippines

**UNIFIED MULTI-PURPOSE ID (UMID) CARD APPLICATION FORM
 ACKNOWLEDGEMENT STUB**



SS NUMBER/COMMON REFERENCE NUMBER 	NAME OF AGENCY <div style="text-align: center;">SOCIAL SECURITY SYSTEM</div>	BRANCH
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME) (SUFFIX)
SCREENED BY	DATA CAPTURED BY	
_____ SIGNATURE OVER PRINTED NAME DATE & TIME	_____ SIGNATURE OVER PRINTED NAME DATE & TIME	

INSTRUCTIONS

1. This form shall be used in applying for initial or replacement UMID card.
2. Fill out this form in one (1) copy without erasures and alterations.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Present identification document/s.
 - a. Any one (1) of the following primary documents:
 - Driver's License
 - Professional Regulation Commission (PRC) card
 - Passport
 - Seaman's Book
 - b. In the absence of the primary documents, submit **any two (2)** of the following secondary documents, one of which with signature and photo:
 - Postal ID
 - Marriage Contract
 - School or Company ID
 - NBI Clearance
 - Taxpayer's Identification Number (TIN) card
 - Pag-IBIG Member's Data Form
 - Membership Card issued by private companies
 - Permit to Carry Firearms issued by the Firearms & Explosive Unit of PNP
 - Overseas Worker Welfare Administration Card
 - PHIC Member's Data Record
 - Senior Citizen Card
 - Police Clearance
 - Voter's Identification Card/Affidavit/Certificate of Registration
 - Seafarer's Registration Certificate issued by the Philippine Overseas Employment Authority (POEA)
 - ATM card
 - Temporary License issued by Land Transportation Office (LTO)
 - with cardholder's name
 - Transcript of School Records
 - with certification from bank, if without name
 - Credit card
 - Alien Certificate of Registration
 - Fisherman's Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR)
 - Bank Account Passbook
 - GSIS Card/Member's Record/Certificate of Membership
 - Certificate from:
 - Office of the Southern/Northern Cultural Communities
 - Office of Muslim Affairs
 - ID Card issued by LGUs (e.g. Barangay/ Municipal/City)
 - Certificate of Licensure/Qualification Documents/Seafarer's ID & Record Book from Maritime Industry Authority
 - ID Card issued by professional association recognized by PRC
 - Certificate of Naturalization from the Bureau of Immigration
 - Permanent Residency ID
 - Life Insurance Policy
 - Birth Certificate
 - Birth/Baptismal certificate of child/ren or its equivalent
 - Baptismal Certificate
6. Fill out appropriate items in the following format:
 - a. **Items 1, 5a and 5b**
Example: Juan Andres Gregorio Toralba III will be entered as:

1. NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
	TORALBA	JUAN ANDRES	GREGORIO	III
 - b. **Item 1 (For Married Female)**
Example: Anna Maria Dela Cruz Santos at birth and married name is Anna Maria Roman will be entered as:

1. NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
	ROMAN	ANNA MARIA	SANTOS	
MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
(IF MARRIED FEMALE)	SANTOS	ANNA MARIA	DELA CRUZ	
 - c. **Item 6**
Example: 837 Akle St., Barangay Claro, Project 2, Quezon City 1102 will be entered as:

6. HOME ADDRESS	(RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
		837	AKLE ST.	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE/STATE)	ZIP CODE	COUNTRY CODE
BARANGAY CLARO, PROJECT 2	QUEZON CITY	METRO MANILA	1 1 0 2	PHL

Indicate the permanent address rather than the temporary mailing address. For example, if with permanent residence in the province but working or staying in Metro Manila during weekdays, indicate the provincial address instead of the Metro Manila address.

7. Write the "Height" in centimeters and "Weight" in kilograms.
 To convert: 1 ft = 30.38 cm 1 lb = 0.4536 kg
 1 in = 2.54 cm
8. In **item 11**, limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
9. **For card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent and submit this form together with the required document/s and validated Miscellaneous Payment Form or Special Bank Receipt (SBR) with Miscellaneous Payment Form to the nearest SSS branch office.
10. **For card replacement due to amendment of data/authenticating finger**, submit the previously issued SSS or UMID card.