

INSTALLMENT PROPOSAL Condonation and Non-imposition of Penalties on **Delinguent Social Security Contributions**

Under Republic Act No. 11199 or the Social Security Act of 2018

	(dd	month	vvvv)
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To the SOCIAL SECURITY SYSTEM:

Pursuant to Republic Act No. 11199, the "Social Security Act of 2018", and its implementing rules and regulations, I/We, (name)

of					, with Employer ID No.				
(positior	n, if applicable)		(name	of business en	tity, if applicable	e)	,	1 - 7 -	
	and	principal p	lace of b	ousiness	at				
(employer ID		r - r - r					(address)		
		,	herebv	apply for	· condona	ation of pe	enalties o	on all unrem	nitted
or delina									esos
or delinquent contributions amounting to (₱) and submit the following (amount in figures)									
(₱) and subm	nit the fo	llowing fo	or conside	eration of	the SSS		
(iamou)	unt in figures)			nowing it				,	
1.	Proof of do	own paymei	nt in the	amount	of				
							mount in words		
	pesos (₱_) ເ	under offi	cial recei	pt numbe	er		
		(amount in figures)					(receipt number)		
	dated			_ paid at _					in
		(dd month yyyy)				(name of collect			
			r	epresent			percen	nt (%) o	f the
		lace of payment)			(percentage)			
	total contri	bution delin	quency;						
•	Б .					000			
2.	Promissor	y note							
	pesos (₱) per m	onth
		(amount in	words)			(an	nount in figures))	
	inclusive	of six pe	rcent (6%) inte	erest pe	er annum	n, within	a perio	d of
		-	() mor	hths start	ina on			: and	
	(numb	er of months)	,e.			(dd m	nonth yyyy)	, 5.1.6	

- 3. The corresponding Contribution Collection List/s (SS Form R-3/s) for the total contribution delinquency; and
- 4. Secretary's Certificate (if corporation).

I/We undertake to submit the corresponding post-dated checks not later than five (5) working days from receipt of Notice of Approval of this proposal.

I/We further undertake that should the settlement of contributions through this application result in additional benefits for contingencies that have occurred prior to the date of settlement or shall occur within the installment period, I/we shall pay the SSS damages in accordance with the provisions of the Social Security Law.

I/We further agree that failure on my/our part to disclose and remit any/all of my/our delinquent contributions will result in the reimposition of penalties that have been condoned under this Program.

Signature Over Printed Name

Official Designation

Notes:

If the employer is an association, partnership, corporation or any other institution, any of its present managing head, director 1. or partner shall sign the installment proposal and the promissory note in his/her official capacity. In case said employer has already been dissolved, any of its former managing head, director or partner shall sign the

^{2.} installment proposal and the promissory note.