

Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

UNDERTAKING

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

KNOW ALL MEN BY THESE PRESENTS:

I, _____, as the former _____ of
(Name) (Latest Position in the Business Entity)
_____, am filing an application for Contribution Penalty
(Name of Business Entity)
Condonation, Delinquency Management and Restructuring Program in behalf of
_____, whose principal place of business is located at
(Name of Business Entity, if applicable)
_____ for and in consideration of
(Address)
our application for the total delinquency in the amount of _____
(Amount in Words)
pesos (Php _____) covering the period from _____ to _____
(Amount in Figures) (MM-YYYY) (MM-YYYY)
do hereby agree and undertake:

1. To pay in full within **fifteen (15) calendar days** upon receipt of the Notice of Approval if through Full Payment;
2. To pay, upon submission of the application and all its documentary requirements, not less than five (5%) percent of the total delinquency as down payment if payment is through Installment Proposal and to issue within **fifteen (15) calendar days** from receipt of the Notice of Approval, all the post-dated checks (PDCs) and Payment Forms corresponding to the total amount of delinquency;
3. To replace or cancel the postdated checks prior to due dates in case of change in our authorized signatory or closure of bank account, subject to the recommendation and approval of the officials who recommended and approved the Installment Proposal;
4. To remit current contributions and salary/calamity loan amortizations every month as they fall due;
5. To pay the total obligations which shall become due and demandable in the event of default in the payment of the monthly amortization and/or non-payment of current contribution/salary/calamity loan amortizations and/or non-compliance with any of the terms and conditions of the installment proposal; and
6. To bind myself to the Social Security System in my personal capacity to fulfill the obligation of the business entity.

Nothing in this Undertaking shall be construed as a waiver of the right of the SSS to prosecute in a criminal proceeding or take other appropriate court action against any and all of the responsible officers of our firm for violation of the Social Security Act of 2018.

DONE AT _____, Philippines on _____.

Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____