

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

AFFIDAVIT ON INABILITY TO PAY THE ASSESSED DELINQUENCIES ON SOCIAL SECURITY CONTRIBUTIONS

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

I, _____, of legal age, single/married, Filipino, with office/
(Name)
residential and postal address at _____
(Address)
in accordance with law, do hereby depose and say- THAT:

1. I am the owner of _____ duly registered with Social
(Employer Name, if applicable)
Security System (SSS) with Employer ID Number _____, with
(Employer ID Number)
date of coverage in _____ and principal place of business
(DD Month YYYY)
at _____.
(Address)

2. On _____, I received a Statement of Account from the SSS for the
(DD Month YYYY)
delinquencies incurred by my business in the amount of _____
_____ pesos (Php _____) for the
(Amount in Words) (Amount in Figures)
period from _____ to _____. The delinquencies represent the
(MM-YYYY) (MM-YYYY)
total amount of contributions plus penalties.

3. I am aware of my obligations as an Employer with the SSS on the timely
remittance of contributions on behalf of my employee/s.

4. I was unable to pay/settle my obligations with the SSS because of the financial
difficulties that my business has experienced during the past years because of
_____, which is beyond my control.
(Reason/s of Financial Difficulty)

5. I am executing this affidavit in order to attest the truth of the above-mentioned
facts for all legal intents and purposes it may serve.

AFFIANT FURTHER SAYETH NAUGHT.

Affiant

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 : _____