

Republic of the Philippines )  
City/Municipality of \_\_\_\_\_ ) S.S.  
Province of \_\_\_\_\_ )

## PROMISSORY NOTE

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

### Contribution Penalty Condonation and Restructuring Program for Household Employers

I, \_\_\_\_\_, with Employer ID Number \_\_\_\_\_, and  
(Name) (Employer ID Number)  
residential address at \_\_\_\_\_, hereby declare  
(Address)  
as follows:

1. I promise to pay the Social Security System (SSS) the amount of \_\_\_\_\_ pesos (Php \_\_\_\_\_) representing  
(Amount in Words) (Amount in Figures)  
all unremitted/under-remitted or delinquent SS contributions incurred for the applicable period from \_\_\_\_\_ to \_\_\_\_\_. The monthly  
(MM-YYYY) (MM-YYYY)  
amortization of \_\_\_\_\_ pesos (Php \_\_\_\_\_),  
(Amount in Words) (Amount in Figures)  
inclusive of six percent (6%) interest per annum, will be paid will in \_\_\_\_\_ ( ) monthly installments starting on \_\_\_\_\_; and  
(Number of Months) (DD Month YYYY)
2. I fully understand that the SSS will condone my incurred penalties amounting to \_\_\_\_\_ pesos (Php \_\_\_\_\_) for my  
(Amount in Words) (Amount in Figures)  
unremitted/under-remitted or delinquent contributions covered in this Program.

Nothing in this promissory note 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 the undersigned for violation of the Social Security Act of 2018.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, Philippines.

\_\_\_\_\_  
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.

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**Notary Public**

Doc. No. : \_\_\_\_\_  
Page No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_  
Series of : \_\_\_\_\_