

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

JOINT UNDERTAKING (EMPLOYER WITH POST-DATED CHECKS ISSUED BY A THIRD PARTY)

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

Contribution Penalty Condonation and Restructuring Program for Household Employers

(DD Month YYYY)

I, _____, household employer, with Employer ID
Number _____ and residential address at _____
(Name) (Employer ID Number) (Address)

admit being delinquent in the payment of Social Security (SS) contributions, including penalties and interest, if any, and undertake to pay the Social Security System (SSS) the total amount of _____ pesos (Php _____)
(Amount in Words) (Amount in Figures)

as stated in the Application for Contribution Penalty Condonation and Restructuring Program dated _____.
(DD Month YYYY)

I hereby waive all my rights to confidentiality of my deposit/s in any and all banks/ banking institution/quasi-banks/financial institutions under the provisions of Republic Act No. 1405 (Bank Secrecy Law), Republic Act No. 6426 (Foreign Currency Deposit Act), Republic Act No. 8791 (General Banking Law), and Republic Act No. 10173 (Data Privacy Act). Moreover, I hereby authorize the SSS, through its duly authorized representatives/officers, to examine, inquire, and look into the said deposit and/or secure information of all my deposit accounts to ensure my compliance with the provisions of the Republic Act No. 11199 (Social Security Act of 2018) and/or for whatever legal purpose such waiver may serve;

- and -

I, _____, of legal age, Filipino, married/single,
with residential address at _____
(Name) (Address)

agree to issue post-dated checks (PDCs) in favor of the SSS, for and in behalf of _____ to settle the latter's delinquencies with the SSS.
(Household Employer)

We undertake that all issued PDCs under the Installment Payment shall not be dishonored/cancelled/retrieved, as they fall due. Otherwise, we shall be liable for whatever legal actions, reliefs, and/or remedies the SSS have against us.

Signed in _____, Philippines, on _____.

Signature Over Printed Name

Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__, the affiants having shown to me their government issued identification card/s bearing the following details:

Name	Valid Proof of Identification	Date of Expiry/ Place of Issue

Notary Public

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