

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

UNDERTAKING (EMPLOYER WITHOUT POST-DATED CHECKS)

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

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

(DD Month YYYY)

I, _____, _____ of _____
(Name) (Position, if applicable) (Business Entity, if applicable)
_____, with Employer ID Number _____ and
(Employer ID Number)
principal place of business at _____ admit being
(Address)
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)

I undertake to pay my delinquencies in cash/manager's check on due dates in accordance with the approved Installment Payment Schedule and comply with all my obligations under Contribution Penalty Condonation, Delinquency Management and Restructuring Program. Otherwise, I shall be liable for whatever legal actions, reliefs and/or remedies the SSS has against me.

I hereby waive all my rights to confidentiality of my deposit/s in any and all banks/banking institutions/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.

I hereby consent to the collection, use, access, disclosure, and processing of my personal and sensitive information by the Bank and/or SSS to effect the above-stated purposes, in accordance with their policy on data privacy and pursuant to the requirements of the Data Privacy Act.

Signed in _____, 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 : _____