



Republic of the Philippines
SOCIAL SECURITY SYSTEM

[Branch / Department]

[Address]

[Telephone No. • E-mail Address]

NOTICE OF CONDITIONAL APPROVAL

(Employer with PDCs)

 Date

Mr./Ms. _____

ER Name: _____

ER ID No: XX-XXXXXX-X

Address: _____

Email: _____

Sir/Madam:

Please be informed that your Application for Installment Payment dated _____ to settle your outstanding obligations to the Social Security System(SSS) in the amount of _____ (P_____) representing the SS and EC contributions and/or the corresponding penalty/ies, covering the applicable period from _____ to _____ (*indicate not inclusive if applicable*), to pay within a period of _____ () months, is hereby approved, subject to the provisions of SSS Circular No. _____.

In this regard, attached is a PDF copy of the Installment Payment Agreement (IPA) for printing in five (5) original copies to be signed by you or your duly authorized representative as stated in the Secretary's Certificate or Board/Partnership Resolution (if applicable), or you may secure the original copies from our office. Please have it notarized and return the same, together with the post-dated checks (PDCs) and notarized Joint Undertaking if PDCs were issued by a Third Party, within TEN (10) calendar days from receipt of this Notice. Otherwise, your Application will be considered as DENIED.

If you have further queries, please contact your assigned Account Officer _____ through electronic mail at (*email address*) or call at the above-stated office telephone number.

Very truly yours,

 Branch Head / Dept. Manager



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