



Republic of the Philippines
SOCIAL SECURITY SYSTEM

[Branch / Department]

[Address]

[Telephone No. • E-mail Address]

NOTICE OF DENIAL

_____ Date

Mr./Ms. _____

ER Name: _____

ER ID No: xx-xxxxxxx-x

Address: _____

_____ Email: _____

Sir/Madam:

This is with reference to your Application for Installment Payment dated _____.
 Your application was denied due to the following reason/s:

- The submitted Collection List/s are Incomplete/Defective/Signatory is not Authorized
- The down payment made is below the required five percent (5%)
- The proposed term is beyond the allowable period
- The Employer's Liability for damages is not paid
- The required documents are lacking:
 - Latest General Information Sheet (GIS)
 - Articles of Incorporation
 - Articles of Partnership
 - Articles of Cooperation
 - Joint Venture Agreement
 - Secretary's Certificate or Board/Partnership Resolution
 - Current/Latest Business Permit / DTI Registration/ BPLO Cert.
- There are no issued post-dated checks (PDCs)
- The PDCs issued are altered/defective/undated
- The IPA and PDCs were submitted beyond the ten (10) day period

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