

UNDERTAKING

(Employer without Post-Dated Check)

_____ Date

I/We, _____, Proprietor/Household Employer/President (position) of (Employer Name), with Employer ID No. _____ and principal place of business at _____, admit to be delinquent in the payment of contributions and/or penalties and undertake to pay the Social Security System (SSS) the total amount of _____ (P _____). I/We undertake to pay my/our delinquencies in CASH on due dates in accordance with the Installment Payment Schedule and comply with all my obligations under the Installment Payment Agreement (IPA) dated _____. Otherwise, I/we shall be liable for whatever legal actions, reliefs and/or remedies the SSS have against me/us.

I/We hereby waive all my/our rights to confidentiality of my/our 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 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/our 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/We 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 _____, affiant/s having shown to me his/her/their competent evidence of identity _____ issued on _____ at _____, Philippines.

Notary Public

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