



OLD-01425 (09-2019)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS CLEARANCE APPLICATION

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE EMPLOYER-APPLICANT

A. EMPLOYER DATA

EMPLOYER ID NUMBER, EMPLOYER NAME, PRINCIPAL ADDRESS, TELEPHONE NUMBER, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, WEBSITE

B. EMPLOYER AUTHORIZATION

This is to authorize Mr./Ms. _____, whose signature appears below, to submit this SSS Clearance Application & supporting documents to your office...

PRINTED NAME OF EMPLOYER, SIGNATURE OF EMPLOYER, DATE, PRINTED NAME OF AUTHORIZED REPRESENTATIVE, SIGNATURE OF AUTHORIZED REPRESENTATIVE, DATE

C. CERTIFICATION AND DATA PRIVACY CONSENT

I certify that the information provided in this form are true and correct.

I agree that the information collected through this form shall be used and retained by the SSS in the processing of my SSS Clearance application...

I understand that as an employer duly registered with the SSS, I shall be subject to other verification processes to ensure my compliance with Republic Act No. 11199...

PRINTED NAME OF EMPLOYER-APPLICANT, SIGNATURE OF EMPLOYER-APPLICANT, DATE

D. REQUEST DETAILS

Table with columns: PURPOSE/S OF REQUEST, TYPE OF DOCUMENT (Original Copy, Certified True Copy), AMOUNT TO BE PAID (Original Copy, Certified True Copy, Sub-Total)

TOTAL AMOUNT TO BE PAID P

PART II - TO BE FILLED OUT BY SSS

ASSESSED BY, RECEIVED BY, SIGNATURE OVER PRINTED NAME, POSITION TITLE, SSS BRANCH/LAD, DATE & TIME

Perforate Here



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS CLEARANCE APPLICATION
ACKNOWLEDGEMENT STUB

EMPLOYER ID NUMBER, EMPLOYER NAME, RECEIVED BY, SIGNATURE OVER PRINTED NAME, POSITION TITLE, SSS BRANCH/LAD, DATE & TIME

INSTRUCTIONS

- Fill out this application in one (1) copy.
- Always affix initials on all erasures/alterations in this application.
- The signatories in Parts I-B & C of this form shall be the Owner/President/Partner/Managing Head or by its authorized representative.
- Parts I-B must be filled up if the authorized representative submitting this application is not named in the Authorized Company Representative Card (ACR)
- Request for assessment of SSS Clearance Application on any SSS Branch Accounts Management Section (AMS)/Large Accounts Department (LAD) and pay the corresponding processing fees at any SSS Branch Office with Teller Facility or thru collecting banks:
 - Original Copy (P300.00 per copy)
 - Certified True Copy (P100.00 per copy)
- Indicate the purpose if requesting for authentication of previously issued SSS Clearance.
- Fill out a separate application for authentication if requesting for both authentication and other types of purpose.
- When filing, submit to SSS Branch AMS/LAD this application together with the following documentary requirements based on the checklist below:

DOCUMENTARY REQUIREMENTS GUIDE			
DOCUMENTARY REQUIREMENTS	TYPE OF EMPLOYER-APPLICANT		
	EMPLOYER	AUTHORIZED REPRESENTATIVE	COMPANY REPRESENTATIVE
I. ID CARD/S OR DOCUMENT/S			
A. One (1) Primary ID card or document of the Employer OR Two (2) other ID cards/documents, both with signature and at least one (1) with photo (In the absence of a primary ID card or document) of the Employer B. One (1) Primary ID card or document of the authorized representative OR Two (2) other ID cards/documents, both with signature and at least one (1) with photo (In the absence of a primary ID card or document) of the authorized representative C. Letter of Authority (LOA)/Special Power of Attorney (SPA) D. Authorized Company Representative (ACR) Card	✓ (Present the original copy/ies and submit photocopy/ies)	✓ (Present the original copy/ies and submit photocopy/ies) ✓ (Present the original copy/ies and submit photocopy/ies) ✓ (Submit the original copy)	✓ (Present the original copy/ies and submit photocopy/ies)
II. SUPPORTING DOCUMENTS	✓ (Present the original copy/ies and submit photocopy/ies)	✓ (Present the original copy/ies and submit photocopy/ies)	✓ (Present the original copy/ies and submit photocopy/ies)

CHECKLIST OF DOCUMENTARY REQUIREMENTS						
(SSS receiving personnel to check the appropriate box of each documentary requirements submitted and write any remarks, if necessary)						
I. ID CARD/S OR DOCUMENT/S	TYPE OF EMPLOYER-APPLICANT					
	EMPLOYER		AUTHORIZED REPRESENTATIVE		COMPANY REPRESENTATIVE	
	FILING	CLAIMING	FILING	CLAIMING	FILING	CLAIMING
A. Primary ID document (Any one (1) of the following): 1. Unified Multi-Purpose ID Card 2. Social Security Card 3. Alien Certificate of Registration 4. Driver's License 5. Firearm Registration 6. License to Own and Possess Firearms 7. National Bureau of Investigation (NBI) Clearance 8. Passport 9. Permit to Carry Firearms Outside of Residence 10. Postal Identity Card 11. Seafarer's Identification & Record Book (Seaman's Book) 12. Voter's ID Card B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In the absence of a primary ID document). Please specify. C. LOA/SPA D. ACR Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. SUPPORTING DOCUMENTS	REMARKS					
A. <u>Proof of payment of processing fees</u> <input type="checkbox"/> Validated Miscellaneous Payment Form (SS Form R-6)	-					
B. <u>Contributions</u> <input type="checkbox"/> Contributions Collection List (SS Form R-3/Electronic R-3)/Electronic Contributions Collection List (e-CL) <input type="checkbox"/> Validated Payment Reference Number (PRN) <input type="checkbox"/> Monthly Contributions Payment Return (SS Form R-5)/Validated AMS Billing	Latest quarter Latest quarter and current month/s payment/s Latest quarter and current month/s payment/s					
C. <u>Loans</u> <input type="checkbox"/> Monthly - Salary/Calamity/Educational/Emergency Loan Payment Return (SS Form ML-1) <input type="checkbox"/> Rental and amortization payment on Lease Properties	Latest quarter and current month/s payment/s if applicable					
D. <u>Others</u> <input type="checkbox"/> Document/s that may be required by the Account Officer _____	-					

REMINDERS

When claiming the SSS Clearance/authenticated SSS Clearance, present original copy/ies and submit photocopy/ies of the ID card/s or document/s based on the above checklist.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS FORM SHALL BE CRIMINALLY LIABLE UNDER SECTION 28 OF R.A. NO. 11199 AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626