Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS CLEARANCE APPLICATION

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

A. EMPLOYER DATA

EMPLOYER ID NUMBER

EMPLOYER NAME

PRINCIPAL ADDRESS

(ROOM/FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)

BARANGAY/DISTRICT/LOCALITY

(CITY/MUNICIPALITY) (PROVINCE)

POSTAL CODE

TAXPAYER ID NUMBER (IF ANY)

TELEPHONE NUMBER (AREA CODE+TEL. NO.)

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

WEBSITE

PART II - TO BE FILLED OUT BY SSS

D. REQUEST DETAILS

PURPOSE/S OF REQUEST

TYPE OF DOCUMENT

AMOUNT TO BE PAID

(To be filled out by SSS)

Original Copy

Certified True Copy

Sub-Total

Original Copy

Certified True Copy

Authentication (Please specify)

- 

- 

Appreciation

Accreditation

Application/Renewal of License to Operate with PNP/SOSIA/SAGSD

Income Tax Holiday

Others (Please specify. Except for Business Permit)

TOTAL AMOUNT TO BE PAID

PART II - TO BE FILLED OUT BY SSS

ASSESSED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

SSS BRANCH/LAD

DATE & TIME

RECEIVED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

SSS BRANCH/LAD

DATE & TIME

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

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

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

PRINTED NAME OF EMPLOYER-APPLICANT

SIGNATURE OF EMPLOYER-APPLICANT

DATE

SIGNATURE OF EMPLOYER

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

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 and for establishment, exercise or defense of SSS legal claims against me in case I commit fraud in the submission of this 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 otherwise known as the Social Security Act of 2018.
DOCUMENTARY REQUIREMENTS GUIDE

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

II. SUPPORTING DOCUMENTS

(checklist of documentary requirements

II. SUPPORTING DOCUMENTS

CHECKLIST OF DOCUMENTARY REQUIREMENTS

I. ID CARD/S OR DOCUMENT/S

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. Firearms 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

II. SUPPORTING DOCUMENTS

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