

Republic of the Philippines SOCIAL SECURITY SYSTEM APPLICATION FOR ACCREDITATION OF COOPERATIVE OR ORGANIZED GROUP

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

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND

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PART I - TO BE FILLE	DOUT BY THE APPLICA	NT	
A. INF	ORMATION		
EMPLOYER NUMBER NAME OF COOPERATIV	E/ORGANIZED GROUP		
BUSINESS ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	ZIP CODE
START OF OPERATION (MM/DD/YYYY) NUMBER OF MEMBERS TYPE OF AP	PLICATION/AGREEMENT Non-Collecting	TYPE/NATURE OF INDUSTR	RY
TYPE OF ORGANIZED GROUP		TAX IDENTIFICATION NUMBER	BER (IF ANY)
			1 1 1 1 1 1
Cooperative Association Others (Please specify)	Lumpare		
AREAS OF OPERATION	WEBSITE (IF ANY)		
TELEPHONE NUMBER(AREA CODE+NO.) FAX NUMBER (AREA CODE + NO.)	E-MAIL ADDRESS	MOBILE NUMBER	
			1 1 1 1 1
B. CE	RTIFICATION	landara ez ez Unilipidika jakas ez	
I certify that the information prov	vided in this form are true a	and correct.	
SIGNATURE OVER PRINTED NAME	OFFICIAL DESI	CNATION	DATE
	FILLED OUT BY SSS	SINATION	PAIL
	BRANCH		F18 (4.840) (162-1614) - 184-18
RECEIVED AND SCREENED BY	REVIEWED BY		
SIGNATURE OVER PRINTED NAME DATE & TIME BRANCH	SIGNATURE C	OVER PRINTED NAME	DATE
B. COOPERATIVES AND INFORMAL SECTOR DEPARTMENT/ PROFESSIONALS SECTOR DEPARTMENT		RESEARCH AND SUPPORT DEP (For Collection Agreement Only)	PARTMENT
PROCESSED BY	EVALUATED BY		
SIGNATURE OVER PRINTED NAME DATE	SIGNATURE	OVER PRINTED NAME	DATE
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REMARKS T APPROVED TO DISAPPROVED	REMARKS	☐ FAILED	
☐ APPROVED ☐ DISAPPROVED	PASSED	L FAILED	

INSTRUCTIONS

 Fill out this form in two (2) copies. 2. Always indicate "N/A" or "Not Applicable", if the required data is not aplicable/available. 3. Submit this form, duly signed by the President/Chairman, to the SSS branch having jurisdiction over your area of operation with the following required documents: A. For Collection Agreement (SSS Receiving Officer to put a checkmark on each document submitted or write any remarks, as necessary.) a. Ammended Articles of Incorporation/Cooperation and By-Laws, if applicable □ b. Certificate of Registration from appropriate regulatory body/government agency C. Company Profile d. List of Board of Directors showing their complete address and SSS numbers, if any e. Board Resolution, duly certified by the Board Secretary, approving the MOA and particularly naming its authorized f. A copy of the Standard MOA signed by the authorized signatory and witness/es as mentioned in the Board Resolution g. Audited Financial Statements for the last three (3) years h. List of Accountable Officers to be bonded including their SS numbers and the estimated amount of coverage of their respective bond i. Proposed Nature of the Bond to secure its performance under the MOA and the estimated amount of coverage of the bond ☐ j. List of Creditors showing their complete addresses, corresponding nature of loan/s, amount and terms of obligations with a Certification of No Past Due from the financial institution/s that granted the loan/s. If without existing loan/s, a Certification of Non-Existence of Loans duly signed by the President/Chairman or the highest-ranking official k. Member's List Form in soft copy; or Promissory Note signed by the President/Chairman or the highest-ranking official ensuring the submission of the Member List upon receipt of the notice of accreditation approval Valid SSS Clearance or a letter-request for the same addressed to the concerned SSS Cluster Legal Unit (CLU) m. Latest Cooperative Annual Performance Report (CAPR) duly received by the CDA, if a cooperative n. Certification of Annual Coverage and Collection Commitments showing the estimated target coverage and collection o. Certification of Good Standing from the federation where the applicant belongs or from the regulatory body/government agency issued not earlier than six (6) months prior to filing of the application. B. For Non-Collection Agreement (SSS Receiving Officer to put a checkmark on each document submitted or write any remarks,

a. Board Resolution, duly certified by the Board Secretary, approving the MOA and particularly naming its authorized

Promissory Note signed by the President/Chairman or the highest-ranking official ensuring the submission of the Member

□ b. A copy of the Standard MOA signed by the authorized signatory and witness/es as mentioned in the Board Resolution

as necessary.)

signatory

C. Valid Certificate of Compliance issued by SSS

List upon receipt of the notice of accreditation approval

d. Member's List Form in soft copy; or