

Republic of the Philippines

SOCIAL SECURITY SYSTEM **COOPERATIVE MEMBER LIST**

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(07-2011)	(Please read instructions	s/reminders at the back	a. Print all	I information in black ink.)		
EMPLOYER NUMBER	NAME OF COOPERATIVE					
AREA CODE TELEPHONE N	UMBER BUSINESS ADDRESS					POSTAL CODE
			PE OF		SIGNATURE	
SS NUMBER	NAME OF MEMBER (Surname) (Given Name) (Middle Name)	DATE OF BIRTH SE	VM	HOME ADDRESS	We hereby allow the Cooperative to collect and remit our contributions to the SSS.	REMARKS (For SSS Use)
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
TOTAL NO. OF MEMBERS	I CERTIFY TO THE CORRECTNESS OF ABOVE INFOR	RMATION.	RECEIV	VED BY:		RECEIVING BRANCH:
Page of Page/s			_			
	Signature Over Printed Name Official Desi	ignation Date	Si	gnature Over Printed Name	Date Time	

INSTRUCTIONS

- 1. Submit this form in two (2) copies signed by the President/Chairman with the Cooperative Accreditation and the required documents duly marked "a-m".
- 2. Put a check mark on the applicable type of membership of each cooperative member.
- 3. Write "Nothing follows" immediately after the last indicated cooperative member.
- 4. Submit a new Cooperative Member List for additional cooperative members duly signed also by the Head of Cooperative.

REMINDERS

- 1. The list shall be limited to the members of the cooperative who are self-employed and voluntary members of the SSS.
- 2. Members in the list shall agree to avail the services of the Cooperative under the terms and conditions set in the Collection Agency Agreement (CAA) by affixing their signatures opposite their names.
- 3. Affixing the signatures on this form shall be a personal act of each cooperative member and shall not be delegated to others.