**Republic of the Philippines**

**SOCIAL SECURITY SYSTEM**

**EMPLOYER DATA CHANGE REQUEST**

(05-2013)

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

### A. EMPLOYER DATA

<table>
<thead>
<tr>
<th>EMPLOYER NUMBER</th>
<th>TYPE OF EMPLOYER</th>
<th>TAX IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BUSINESS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOUSEHOLD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>ADDRESS</th>
<th>E-MAIL ADDRESS</th>
<th>WEBSITE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ZIP CODE</th>
<th>TELEPHONE NUMBER</th>
<th>MOBILE/CELLPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
<th>WEBSITE</th>
</tr>
</thead>
</table>

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**B. TYPE OF DATA CHANGE**

- [ ] EMPLOYER NAME
- [ ] ADDRESS
- [ ] E-MAIL ADDRESS
- [ ] WEBSITE
- [ ] TELEPHONE NUMBER
- [ ] MOBILE/CELLPHONE NUMBER
- [ ] LEGAL PERSONALITY
- [ ] NATURE OF BUSINESS
- [ ] DATE OF COVERAGE
- [ ] NAME OF OWNER/MANAGING PARTNER/PRESIDENT/CHAIRMAN

**EFFECTIVITY DATE (MM/DD/YYYY):**

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**C. CHANGE OF BUSINESS STATUS**

- [ ] TEMPORARY SUSPENSION
- [ ] RESUMPTION OF OPERATION
- [ ] TERMINATION/DISSOLUTION

**EFFECTIVITY DATE (MM/DD/YYYY):**

- [ ] TERMINATION/DISSOLUTION DUE TO MERGER/CONSOLIDATION OF REGISTRATION

**EFFECTIVITY DATE (MM/DD/YYYY):**

**EMPLOYER NUMBER OF ABSORBING EMPLOYER**

**BUSINESS NAME OF ABSORBING EMPLOYER**

**EFFECTIVITY DATE (MM/DD/YYYY):**

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**D. CERTIFICATION**

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

**PRINTED NAME**

**SIGNATURE**

**POSITION TITLE**

**DATE**

**SUBSCRIBED AND SWORN TO before me this ________ day of ________________, affiant exhibiting to me his/her Community Tax Certificate No. ______________ issued at ________________________ on _______________________.**

**Doc. No.**

**Page No.**

**Book No.**

**Series of**

**NOTARY PUBLIC**

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**PART II - TO BE FILLED OUT BY SSS**

**REMARKS**

**RECEIVED BY**

**SIGNATURE OVER PRINTED NAME**

**DATE & TIME**

**PROCESSED BY**

**SIGNATURE OVER PRINTED NAME**

**DATE & TIME**

**ENCODED BY**

**SIGNATURE OVER PRINTED NAME**

**DATE & TIME**

**REVIEWED/APPROVED BY**

**SIGNATURE OVER PRINTED NAME**

**DATE & TIME**

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This form can be downloaded thru the SSS Website at [www.sss.gov.ph](http://www.sss.gov.ph).
INSTRUCTIONS

1. Fill out this form in two (2) copies without erasures and alterations.
2. Indicate the Type of Employer and Type of Data Change Request by putting a checkmark on the applicable box.
3. In filling out the portion for Tax Identification Number (TIN) in Part I-A of the form, please indicate as follows:
   - Business TIN, if business employer
   - Personal TIN (if any), if household employer
4. If requesting for change on any of your data in Part I-A, please use the new data in filling out Part I-A of the form.
5. Submit this form to the nearest SSS branch office with the following required documents (original and photocopy) showing the effectively date:
   a. For Change of Business Name/Nature of Business
      Any of the following documents, whichever is applicable:
      a.1 Certificate of Registration of Business Name from the Department of Trade and Industry (DTI)
      a.2 Certificate of Filing of Articles or Amended Articles of Partnership/Incorporation/Cooperation from Department of Trade and Industry (DTI)/Securities and Exchange Commission (SEC)/Cooperative Development Authority (CDA)
   b. For Change of Business Address
      b.1 Proof of billing or in its absence, submit any of the following:
         b.1.1 Deed of Sale of Property/Lease Contract
         b.1.2 Barangay certificate evidencing transfer to the new address
   c. For Change of Name of Owner/Managing Partner/President/Chairman
      Any of the following documents, whichever is applicable:
      c.1 Deed of Sale/Assignment duly signed by concerned parties with the new Owner's Registration or Business License
      c.2 Deed of Donation, subject to compliance with the requirements thereto
      c.3 General Information Sheet duly received by the SEC
      c.4 Minutes of General Assembly (for cooperatives)
   d. For Change of Date of Coverage
      d.1 Employer Registration (Form R-1)/Employment Report (Form R-1A) that will supersede the initial submission
      d.2 Affidavit of employees attesting to the actual date of their employment
      d.3 Certification from the Municipal/City Treasurer's Office/Bureau of Internal Revenue (BIR)
   e. For Temporary Suspension
      Any two (2) of the following documents, whichever are applicable:
      e.1 Notification of suspension of operation duly received by the BIR within the prescribed period
      e.2 Audited Financial Statements and Income Tax Return (ITR) showing non-operation/no earnings for the applicable period/s filed with the SEC or the BIR within the prescribed period
      e.3 Board Resolution approving the suspension of business operation adopted within the prescribed period and duly acknowledged received by regulatory agencies (e.g. BIR, SEC, etc)
      e.4 Employment Report (Form R-1A) showing the separation of its employee/s duly received by the SSS within the first ten (10) days of the month after the applicable quarter
      e.5 Notice of Strike duly received by the Department of Labor and Employment (DOLE) with a certification that there was no operations/employees during the strike
      e.6 Lease Contract/Joint Affidavit of Termination of Lease Contract
      e.7 Certificate of Non-Renewal of Business License from the Municipal/City Treasurer's Office
      e.8 Certification from the Fire Department/concerned unit of the Municipality/City, in case of destruction of corporate facilities due to fire/tortulous event
   f. For Resumption of Operation
      f.1 Employment Report (Form R-1A) reporting for coverage of newly hired/re-hired employees

6. This form shall be signed by the following authorized signatories:
   a. For Business Employer
      - LEGAL PERSONALITY
      - AUTHORIZED SIGNATORY/IES
      a.1 Single Proprietorship
         - Owner
      a.2 Partnership
         - Managing Partner
      a.3 Corporation
         - President, Chairman or Corporate Secretary
      a.4 Cooperative
         - Chairman or Corporate Secretary
   b. For Household Employer
      - HOUSEHOLD EMPLOYER
      - AUTHORIZED SIGNATORY
      - Household Employer

7. This form should be duly notarized except for changes in address, telephone number, mobile/cellphone number, e-mail address and website.

REMEMBER
Always use the correct Employer Number in all your transactions with SSS.

WARNING
ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMIT ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS REQUEST SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282).