

## Republic of the Philippines SOCIAL SECURITY SYSTEM EMPLOYER DATA CHANGE REQUEST

							OIF													
PLEASE READ THE INSTRUCTIONS AND <b>USE BLACK INK ONLY</b> .	AND REMI	NDERS	S AT TH	HE BAC	CK BEF	ORE AC	COMPLI	SHING	S THIS	FORM	I. PRIN	T ALL	. INFC	DRMA	TION	I IN C	APIT/	AL L	ETT.	ERS
			PAR	Г І - ТО	<b>BE FIL</b>	LED OL	JT BY TH	EEMP	PLOYE	र										
					A. EM	MPLOYI	ER DATA					_	_	_	_	_	_		_	_
EMPLOYER NUMBER	_	-	TYPE C	OF EMP	LOYER						TAX	IDEN	<b>FIFIC</b>	TION		MBER				
				BUSI	NESS			HOUS	EHOLD	)										
EMPLOYER NAME																				
ADDRESS	RM./FLR./UNIT	NO. & BL	.DG. NAM	1E)			(Ի	IOUSE/L	OT & BLF	(. NO.)					(5	STREET	NAME	)		
				,			,			,								,		
(SUBDIVISION)	(BARANG	GAY/DIST	RICT/LOC	CALITY)			(CITY	MUNICI	PALITY)				(PRO	VINCE)			ZIP	CO	DE	
TELEPHONE NUMBER (AREA CODE+TEL. N													<u> </u>		_					
TELEPHONE NUMBER (AREA CODE+TEL. N							E-IVI		DRES	5			VVE	BSITI	E					
					TVDE		TA CHAN													
			FROM			OF DA		IGE	тс	)				FFFF	FCTI	νιτγ ι	DATE	(MMF	יצעסנ	~~~
			- nom											1		···· ·	l			1
													_		<u> </u>		<u> </u>			
ADDRESS													_							
E-MAIL ADDRESS																		I	I	I
													_		<u> </u>		-	<u> </u>	<u>.</u>	<u> </u>
													_	Щ			1	<u> </u>		
TELEPHONE NUMBER																		I	I	1
														Π				<u> </u>		<u></u>
LEGAL PERSONALITY																İ	<u> </u>		İ	<u> </u>
□ NATURE OF BUSINESS																ĺ			<u> </u>	<u> </u>
													_		Ī		1	1	<u>.</u>	1
													_							
NAME OF OWNER/MANAGING PARTNER/PRESIDENT/														<u> </u>			-			
CHAIRMAN													_							
				C. Cl	HANGE	OF BUS	SINESS S	STATU	s											
TEMPORARY SUSPENSION				RESU	IMPTION	N OF OF	PERATIO	N				🗆 TE	RMIN	IATIO	N/DI	SSOL	UTIOI	N		
EFFECTIVITY DATE (MMDDYYYY)	]			EFFE	CTIVITY	DATE	(MMDDYYY	Y)				Ef	FEC		Y DA	TE (MN	IDDYYY	Y)	]	
				IDATIC	N OF R	EGIST	RATION													
EMPLOYER NUMBER OF ABSOR	BING EMPI	LOYER	BU	SINES	S NAME	OF AB	SORBING	G EMP	LOYER	1			EFF	ECTI	IVITY I	DATI	E (MMD		(Y)	
					DECIST													I	1	1
EMPLOYER NUMBER 1	NUMBER/S	DUE I			MPLOY															
	1 I I	1 1				1		1	1 1		1 1									
					D. C	ERTIFI	CATION													
	l ce	ertify th	at the	inform	ation pr	rovided	in this f	orm ar	e true	and c	orrect.									
PRINTED NAME				SIG	NATURI	E				PC	OSITIO	N TITL	.E				DA	ΥE		-
SUBSCRIBED AND SWORN	TO before	me th	is	da	ay of _			, aff	iant ex	khibitii	ng to r	ne hi	s/her	Com	nmur	ity Ta	ax Ce	ertifi	cate	;
No issued a	at					_ on														
Doc. No.																				
Page No. Book No.																				
Series of												NC	DTAR	y pue	BLIC			-		
				PART	II - TO I	BE FILL	ED OUT	BY SS	S											
REMARKS																				
RECEIVED BY						PRO	DCESSEI	) BY												
SIGNATURE OVER PRINT	ED NAME		D,	ATE &	TIME		-	-			PRINTE	D NA	ME			DA	TE &	TIM	E	-
ENCODED BY						RE\	/IEWED/	APPRC	OVED B	Ϋ́										
SIGNATURE OVER PRINT	ED NAME		D	ATE &	TIME		S	IGNAT	URE C	VER F	PRINTE	D NA	ME		_	DA	TE &	TIM	E	-
		his forn				hru the	SSS Wel													

## **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 effectivity date:
  - a. For Change of Business Name/Legal Personality/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 operation/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/fortuitous event
  - f. For Resumption of Operation
    - f.1 Employment Report (Form R-1A) reporting for coverage of newly hired/re-hired employees

- g. For Termination/Dissolution
  - Single Proprietorship
    - g.1 Approved Application for Business Retirement from the Municipal/City Treasurer's Office or in its absence, submit any two (2) of the following:
      - g.1.1 Certification of Non-operation of Business from the Municipality/City Treasurer's Office or BIR
      - g.1.2 Lease Contract/Joint Affidavit of Termination of Lease Contract
      - g.1.3 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
      - g.1.4 Certification of Cancellation of Registration from the DTI
      - g.1.5 Certification of Cancellation of Franchise from the Land
      - Transportation and Franchising Regulatory Board (LTFRB) g.1.6 Certification from the Philippine Contractors Accreditation Board (PCAB)
      - g.1.7 Death Certificate registered with the Local Civil Registrar of issued by the Philippine Consul, in case of death of the
    - Partnership/Corporation/Cooperative
      - g.2 Certification of Filing of Articles of Dissolution/Cancellation of Registration issued by the SEC/CDA or in its absence, submit any two (2) of the following:
        - g.2.1 Audited Financial Statements and ITR showing nonoperation/no earnings for the applicable period/s filed with the SEC or the BIR within the prescribed period
        - g.2.2 Board Resolution approving the termination of business operation adopted within the prescribed period and duly acknowledged received by regulatory agencies (e.g. BIR, SEC, etc.)
        - g.2.3 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
        - g.2.4 Notification of business termination duly received by the SEC or the BIR within the prescribed period
- h. For Termination/Dissolution due to Merger/Consolidation of Registration h.1 Certification of Filing of Articles of Merger issued by the SEC
- 6. This form shall be signed by the following authorized signatories:
  - a. For Business Employer

1.01	Business Employer	
	LEGAL PERSONALITY	AUTHORIZED SIGNATORY/IES
a.	Single Proprietorship	- Owner
b.	Partnership	<ul> <li>Managing Partner</li> </ul>
c.	Corporation	- President, Chairman or Corporate
		Secretary
d.	Cooperative	- Chairman or Corporate Secretary

- b. For 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.

## REMINDER

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).