



Republic of the Philippines
SOCIAL SECURITY SYSTEM
EMPLOYER DATA CHANGE REQUEST

(05-2013)

THIS FORM IS NOT FOR SALE

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

PART I - TO BE FILLED OUT BY THE EMPLOYER

A. EMPLOYER DATA

EMPLOYER NUMBER (14 digit grid) TYPE OF EMPLOYER (BUSINESS/HOUSEHOLD) TAX IDENTIFICATION NUMBER (11 digit grid)
EMPLOYER NAME
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)
(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE (5 digit grid)
TELEPHONE NUMBER (AREA CODE+TEL. NO.) MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS WEBSITE

B. TYPE OF DATA CHANGE

FROM TO EFFECTIVITY DATE (MMDDYYYY) (8 digit grid)
 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

C. CHANGE OF BUSINESS STATUS

TEMPORARY SUSPENSION EFFECTIVITY DATE (MMDDYYYY) (8 digit grid)
 RESUMPTION OF OPERATION EFFECTIVITY DATE (MMDDYYYY) (8 digit grid)
 TERMINATION/DISSOLUTION EFFECTIVITY DATE (MMDDYYYY) (8 digit grid)
 TERMINATION/DISSOLUTION DUE TO MERGER/CONSOLIDATION OF REGISTRATION
EMPLOYER NUMBER OF ABSORBING EMPLOYER BUSINESS NAME OF ABSORBING EMPLOYER EFFECTIVITY DATE (MMDDYYYY) (8 digit grid)
 CANCELLATION OF EMPLOYER NUMBER/S DUE TO MULTIPLE REGISTRATION
EMPLOYER NUMBER 1 EMPLOYER NUMBER 2

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

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)

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 non-operation/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

LEGAL PERSONALITY	AUTHORIZED SIGNATORY/IES
a. Single Proprietorship	- Owner
b. Partnership	- Managing Partner
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).