

Republic of the Philippines SOCIAL SECURITY SYSTEM REQUEST/VERIFICATION FORM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

	READ THE INSTR ACK OR BLUE I																
					PARTI	- TO BE	MBER IN			EMBER	<u> </u>	_	-			-	
SS NUMB	ED		Ic	OMMON R	FFFRENC			II OIKIN	DATE	OF BIRTH	(MMD	DYYYY	- 1	TAX IDE	NTIFICA	ATION	NUMBER (IF AN
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NAME	(LAST NAME		tL		(F	FIRST NAME)				(MID	DLE NA	ME)		_		(SUFF	IX)
MANUE	WES-2007				71												
LOCAL A	DDRESS	(RM	/FLR./U	NIT NO. & BLD	G. NAME)				(HOUSE/L	OT & BLK. NO	0.)				(ST	REET NA	AME)
	(SUBDIVISION)		(BA	ARANGAY/DIS	TRICT/LOCA	LITY)		(CI	Y/MUNICI	PALITY)			(PROVINCI	E)	- 1	ZIP CODE
	(SUBDIVISION)								\$6.00 (MARKS) 200500 (ACC) 449155								
TELEPHO	NE NUMBER (ARE	A CODE + TEL. N	o.) N	OBILE/CE	LLPHON	IE NUMBI	ER	E-!	AAIL AD	DRESS				GE	NDER		
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FOREIGN	ADDRESS (IF APP	PLICABLE)									COU	NTRY				1	ZIP CODE
TYPE OF	MEMBERSHIP																
	MPLOYED	□ vo	LUNTA	ARY	☐ SELF	-EMPLOY				KING SPO	OUSE		OVE	RSEAS	FILIPIN	IO WO	RKER
						B. TYP	E OF T	RANSA	CTION								
	UEST																
	Cancellation of Mu	Itiple SS Nu	mbers	, indicate th	ne followin	ng informat	tion:	Name	of Spou	150							
										/Children	1.	_				-	
	Name of Father	*									2						
	Name of Mother										3.						
	Consolidation of C					rs)				Entry in E					1		
	☐ Correction/Refund/Posting/Adjustment of Contributions									Correction	of Da	te of C	overa	ge			
70-	an a constant w							Variable 1700 04	occasiani diadi	rification							
E	mployment Histo	ory (To be t	illed-o	ut by memb	er reques	ting for the			- Pleas	e use sepa	arate :	sneet	PERI	ssary	EMPLOY	MENT	
	NAM	E OF EMPL	OYER	1			ADD	ADDRESS			PERIOD OF EMPLOYMENT FROM (MMYYYY) TO (MMYYYY)						
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	Jopy of Membersi	ip Necolurs		(Record Type))			ners								
□ VER	IFICATION		_					5 - 2									
	Contribution (Indicate	Period Covere	d)					□ Lo	ans/Ben	efits Eligib	oility						
	Date of Coverage							☐ Sta	tus of:	6526 1000							
	Employer Number							Loan Application									
	SS Number							☐ Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral) ☐ Application for UMID Card									
	☐ Flexi-Fund Premiums ☐ SSS P.E.S.O Fund Premiums							☐ Data Change Requested									
	Loan Balance							☐ Oti			- 4000						
	23 COSC 1011 3-1010-1-1-1-1 OK-1-CH		_			С	CERTI	ICATIO	N -			_					
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		THE RESERVE OF THE PERSON NAMED IN		O NAME				-		متنف تعقب يبدر والمساور	SNATU						ATE
		-	TION	(To be fill	ed out by	y membe	r with au	ithorized									200000000000000000000000000000000000000
	I authorize Mr./I		MONESCO.	- (1)				net a safe a		request/v	erity 1	the in	forma	tion rec	uested	above	and/or sign
docu	ments necessar	y for the re	elease	of the res	uit of the	sald red	uest/ver	incation									
-	PRINTED NAME	SIGNATUR	F OF M	EMBER		DATE	· ·	PF	RINTED N	IAME & SIG	SNATU	RE OF	AUTHO	ORIZED I	REP.	-	DATE
					PAR	TI-TO			a District Control								
Preference	e for release of re	quest/verific	ation				ld	entification	n docun	nent/s pres	sente	d by he	erein n	amed a	uthorized	d/co. re	presentative.:
□ F	or Mailing 🔲 F	or Pick-up	(indicate	date & time)			_			☐ Two	o (2) v	alid ID	os .				
								e Here									
Republic of the Philippines SOCIAL SECURITY SYSTEM																	
REQUEST/VERIFICATION FORM																	
ACKNOWLEDGEMENT STUB																	
SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)																	
RECEIVE	D BY																
		OVER PRIN	TED NA	ME			POSITIO	NTITLE			DA	TE&T	IME	-	-	BRAN	NCH .
	SIGNATURE	O TELL TIME	11/	m < Fee.			ANSES MIS	13 13 13 13 13 13 13 13 13 13 13 13 13 1					W. 7				

PART II -TO	O BE FILLED OUT BY SSS
	ANSACTION RESULTS
REQUEST	
Cancellation of Multiple SS Numbers	☐ Deletion of Entry in Employment History Record
Consolidation of Contributions	☐ Encoding/Correction of Date of Coverage
Correction/Refund/Posting/Adjustment of Contributions	Manual Verification
Certification of Membership/Non-Membership	☐ Print-out of Computer Records
Copy of Membership Record/s	Others
VERIFICATION	
☐ Contribution	☐ Loan Balance
Date of Coverage	Loans/Benefits Eligibility
Employer Number	☐ Status of:
	Loan Application
SS Number	☐ Benefits Claim Application
	Application for UMID Card
☐ Flexi-Fund Premiums	☐ Data Change Requested
	☐ Others
SSS P.E.S.O Fund Premuims	
B. TO BE FILLED OUT B	Y DEPARTMENT/BRANCH CONCERNED
VERIFIED/PROCESSED BY	RELEASED BY
SIGNATURE OVER PRINTED NAME DEPT./BRANCH DATE	E & TIME SIGNATURE OVER PRINTED NAME DEPT./BRANCH DATE & TIME

INSTRUCTIONS

1. Fill out this form in one (1) copy and accomplish appropriate parts as follows:

Filed by member

- Member to fill-out PART I (a to c)
- Member to fill-out "Employment History" (Part I [b]) only if requesting for the following:
 - Cancellation of Multiple SS Number
 - Consolidation of Contributions
 - Correction/Refund/Posting/Adjustment of Contributions
 - Deletion of Entry in Employment History Record
 - Encoding/Correction of Date of Coverage
 - Manual Verification

Filed by authorized representative or company representative

- · Member to fill-out PART I (a to d)
- Authorized Representative or company representative to fill out PART I (d)
- 2. Place a checkmark on the applicable box
- 3. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 4. Present identification document/s.

Filed by member

 Social Security (SS) Card or Unified Multi-Purpose ID (UMID) Card or Passport or Professional Regulation Commission (PRC) Card or Seaman's Book or Driver's License or two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by authorized representative

- Representative's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
- Member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by company representative

- Authorized Representative Card (ACR)
- Original member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
- 5. The member granting authority to the authorized representative or company representative in this form shall be held liable under all circumstances for any false statement, misrepresentation, fraud made by the authorized representative or company representative in all transactions with the SSS.
- 5. This form can be downloaded thru the SSS Website at www.sss.gov.ph.