

Republic of the Philippines SOCIAL SECURITY SYSTEM EMPLOYMENT DATA

Print all information in black ink only.

TO BE FILLED-OUT BY EMPLOYER IF MEMBER IS FILING FOR EC BENEFIT (except for entries shaded gray)							
SS NUMBER	, N	AME OF MEMBER	(Surname)	(Given Name)	(Middle Name)	TRANS	SACTION NO.
					25		
A. EMPLOYER'S DATA		h= 0.	= = 1 0 (= 0 1	EQUATERED BUILDING NA			
EMPLOYER ID NUMBER	1	NAME OF	F EMPLOYER/R	REGISTERED BUSINESS NA	AME		
				/T /D: L: 1)	(O:t./Dan.in.a.)		TROCTAL CORE
ADDRESS (No. & Street)		(Barangay)		(Town/District)	(City/Province)		POSTAL CODE
TELEDUONE/MODUE NUMBED		TE MAIL ADDDEC	C if any		TYPE OF EMPLOYER		
TELEPHONE/MOBILE NUMBER		E-MAIL ADDRES	55, if any				
P MEMBER'S EMPLOYMENTS	TATUS				REGULAR	☐ HOUSE	EHOLD
B. MEMBER'S EMPLOYMENT S	TATUS				27		
CURRENTLY EMPLOYE	D AS:	15					
			OCCUPATIO	N			
. DATE OF EMPLOYM	IENT (MN	IDDYYYY)					*
		-	50				
REGULAR WORKIN	G HOURS	S:a	ım/pm	: am/pm			
OVERTIME:		. : a	ım/pm	: am/pm	2		
SEPARATED - Please inc	dicate dat	e of separation (MM	IDDYYYY)				
					·		
C. OCCURRENCE OF ACCIDEN							
JOB DESCRIPTION AND NAME	OF CHEN	/IICALS/SUBSTANC	JES MEMBER V	VAS EXPOSED TO, IF ANY:	(use separate sneet if nece	essary)	
		•		389			
4							
×							
			•				
DECODIDATION OF A COLDENIA							
DESCRIPTION OF ACCIDENT: (if vehicula	ir accident, please s	state purpose of	trip)			
			360				<i>5</i>
				•			
•		*0					
S*3							
*							55
DATE OF ACCIDENTICE (== ==		. In	ND THE ST	201DENEW LVIEGO			
DATE OF ACCIDENT/START OF	TLINESS	PLACE A	ND TIME OF AC	CCIDENT/ILLNESS			
(MMDDYYYY)							
No.		EN	IPLOYER'S	CERTIFICATION			
		•					
I certify to the following:	informe	tion on Dartie.	_ ^ _	R C			
The data indicated in						L	
 The data indicated in process. 	oart C is	auly recorded in t	ine company lo	ogbook under page numb	er and entry num	per	. •
			•				
•				3			
		TED NAME OF EMP REPRESENTATIVE		Ο	FFICIAL DESIGNATION	DAT	E