

SSS NUMBER

PART II - TO BE FILLED OUT BY SSS
A. TRANSACTION RESULTS

<p>REQUEST</p> <p><input type="checkbox"/> Cancellation of Multiple SS Numbers</p> <p><input type="checkbox"/> Consolidation of Contributions</p> <p><input type="checkbox"/> Correction/Refund/Posting/Adjustment of Contributions</p> <p><input type="checkbox"/> Certification of Membership/Non-Membership</p> <p><input type="checkbox"/> Copy of Membership Records</p>	<p><input type="checkbox"/> Deletion of Entry in Employment History Record</p> <p><input type="checkbox"/> Encoding/Correction of Date of Coverage</p> <p><input type="checkbox"/> Manual Verification</p> <p><input type="checkbox"/> Print-out of Computer Records</p> <p><input type="checkbox"/> Others</p>
<p>VERIFICATION</p> <p><input type="checkbox"/> Contribution</p> <p><input type="checkbox"/> Date of Coverage</p> <p><input type="checkbox"/> Employer Number</p> <p><input checked="" type="checkbox"/> SS-Number: <u>84-99446971</u></p> <p><input type="checkbox"/> Faso-Fund Premiums</p> <p><input type="checkbox"/> SSS P.F.S.O. Fund Premiums</p>	<p><input type="checkbox"/> Loan Balance</p> <p><input type="checkbox"/> Loans/Benefits Eligibility</p> <p><input type="checkbox"/> Status of</p> <p><input type="checkbox"/> Loan Application</p> <p><input type="checkbox"/> Benefits Claim Application</p> <p><input type="checkbox"/> Application for UMD Card</p> <p><input type="checkbox"/> Data Change Requested</p> <p><input type="checkbox"/> Others</p>

B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

<p>VERIFIED AND CREDITED BY: <u>JAN 14</u></p> <p><u>FLORENE JOY M. TORRES</u></p> <p>SIGNATURE OVER PRINTED NAME</p>	<p>RELEASED BY:</p> <p>SIGNATURE OVER PRINTED NAME</p>		
DEPT./BRANCH	DATE & TIME	DEPT./BRANCH	DATE & TIME

INSTRUCTIONS

- Fill out this form in one (1) copy and accomplish appropriate sets as follows:
 - Filed by member
 - Member to fill-out PART I (a to c)
 - Member to fill-out "Employment History" (Part I (d)) 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)
- Place a checkmark on the applicable box
- Always indicate "NA" or "Not Applicable", if the required date is not applicable
- Present identification documents:
 - Filed by member
 - Social Security (SS) Card or Unified Multi-Purpose ID (UMD) 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 UMD 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 UMD 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 UMD 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)
- The member granting authority to the authorized representative or company representative in this form shall be held liable under all circumstances for any false statements, misrepresentation, fraud made by the authorized representative or company representative in all transactions with the SSS
- This form can be downloaded thru the SSS Website at www.sss.gov.ph