



COV-01205 (05-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM

06-27732751

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER INFORMATION

SS NUMBER, COMMON REFERENCE NUMBER, DATE OF BIRTH, TAX IDENTIFICATION NUMBER, NAME, LOCAL ADDRESS, TELEPHONE NUMBER, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, GENDER, FOREIGN ADDRESS, TYPE OF MEMBERSHIP

B. TYPE OF TRANSACTION

REQUEST, Cancellation of Multiple SS Numbers, Consolidation of Contributions, Correction/Refund/Posting/Adjustment of Contributions, Employment History table

VERIFICATION, Contribution, Date of Coverage, Employer Number, SS Number, Flexi-Fund Premiums, SSS P.E.S.O Fund Premiums, Loan Balance, Loans/Benefits Eligibility, Status of, Loan Application, Benefits Claim Application, Application for UMID Card, Data Change Requested, Others

C. CERTIFICATION

I certify that the information provided in this form are true and correct. MAMA REGINA ANDA, PRINTED NAME, SIGNATURE, DATE

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification. PRINTED NAME & SIGNATURE OF MEMBER, DATE, PRINTED NAME & SIGNATURE OF AUTHORIZED REP, DATE

PART I - TO BE FILLED OUT BY SSS

Preference for release of request/verification, Identification document/s presented by herein named authorized/co. representative

ACKNOWLEDGEMENT STUB

SS NUMBER/Common Reference Number, Name, RECEIVED BY, SIGNATURE OVER PRINTED NAME, POSITION TITLE, DATE & TIME, BRANCH