

EE Staff

Republic of the Philippines SOCIAL SECURITY SYSTEM REQUEST/VERIFICATION FORM

SOV-01205 (05-2015)

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 (MM/DD/YYYY) 03/08/1985	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) LEPITEN	(FIRST NAME) BRENT	(MIDDLE NAME) G.	(SUFFIX)
LOCAL ADDRESS (SUBDIVISION) 125-1 BASAK	(RM/FLR/UNIT NO & BLDG NAME) CAYENROS ST.	(HOUSE/LOT & BLK NO.) CEBU CITY	(STREET NAME)
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 093311401608	E-MAIL ADDRESS BRENTLEPITEN@YAHOO.COM	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE 61010

TYPE OF MEMBERSHIP
 EMPLOYED VOLUNTARY SELF-EMPLOYED NON-WORKING SPOUSE OVERSEAS FILIPINO WORKER

B. TYPE OF TRANSACTION

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:

Civil Status MARRIED	Name of Spouse BRIGITTE Y. LEPITEN
Maiden Name (if female) GARCIA	Name of Child/Children 1. _____ 2. _____ 3. _____
Name of Father BERNARDO LEPITEN JR	
Name of Mother JOCELYN TANGCO	

Consolidation of Contributions (for members with multiple employers)
 Correction/Refund/Posting/Adjustment of Contributions
 Deletion of Entry in Employment History Record
 Encoding/Correction of Date of Coverage
 Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
		FROM (MM/YYYY)	TO (MM/YYYY)
1.			
2.			

Certification of Membership/Non-Membership
 Copy of Membership Record/s (Record Type)
 Print-out of Computer Records (EE Stab. Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)
 Others _____

VERIFICATION

<input type="checkbox"/> Contribution (Indicate Period Covered) _____	<input type="checkbox"/> Loans/Benefits Eligibility
<input type="checkbox"/> Date of Coverage _____	<input type="checkbox"/> Status of: <input type="checkbox"/> Loan Application
<input type="checkbox"/> Employer Number _____	<input type="checkbox"/> Benefits Claim Application (sickness/maternity/CC/ disability/retirement/death/funeral)
<input checked="" type="checkbox"/> SS Number 06-2753034-8	<input type="checkbox"/> Application for UMID Card
<input type="checkbox"/> Flexi-Fund Premiums	<input type="checkbox"/> Data Change Requested
<input type="checkbox"/> SSS P.E.S.O Fund Premiums	<input type="checkbox"/> Others _____
<input type="checkbox"/> Loan Balance	

DEC 08 2016
 PEDRO P. GUIAS
 NOTARIZED/CERTIFIED PHOTOCOPIY OF ORIGINAL

C. CERTIFICATION

I certify that the information provided in this form are true and correct.

BRENT G. LEPITEN
PRINTED NAME

[Signature]
SIGNATURE

NOV 7/16
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 <input type="checkbox"/> For Mailing <input type="checkbox"/> For Pick-up (Indicate date & time)	Identification document/s presented by herein named authorized/co. representative: <input type="checkbox"/> SS <input type="checkbox"/> Two (2) valid IDs
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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)
RECEIVED BY BRENT G. LEPITEN	SIGNATURE OVER PRINTED NAME		POSITION TITLE	DATE & TIME
			BRANCH	