



PAS-01307 (03-2017)

Republic of the Philippines SOCIAL SECURITY SYSTEM FOI REQUEST FORM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

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

PART I - TO BE FILLED OUT BY REQUESTING PARTY

A. REQUESTING PARTY'S DATA

TYPE OF REQUESTING PARTY

Individual Company/Association/Institution, etc. (indicate name): _____

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

MAILING ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)

SUBDIVISION (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

TELEPHONE NUMBER (AREA CODE + TEL. NO.) MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS

B. REQUEST

INFORMATION BEING REQUESTED

PURPOSE FOR REQUEST

INFORMATION CODE PERIOD COVERED

INFORMATION TITLE

SPECIFIC SUBJECT (write "N/A" if not applicable) MODE OF TRANSMITTAL OF INFORMATION
 Pick-up Courier service

C. CERTIFICATION

I certify that the details provided in this form are true and correct and I agree to pay the corresponding fee for the reproduction and transmittal (for courier service) of the requested information.

SIGNATURE OVER PRINTED NAME

DATE

PART II - TO BE FILLED OUT BY FOI RECEIVING BRANCH

RECEIVED AND SCREENED BY

SIGNATURE OVER PRINTED NAME POSITION TITLE BRANCH NAME DATE & TIME

TRANSACTION RESULT APPROVED BY

SIGNATURE OVER PRINTED NAME OF BRANCH HEAD DATE & TIME

TRANSACTION RESULT

- Request referred to _____
 Request denied due to _____
 requested information is not in the SSS List of Information
 requested information is already available online
 Others _____
 Request forwarded to FOI Appeals Committee for reconsideration

(TO BE FILLED-OUT IF RE-FILING FOR APPEAL)

PART III - APPEAL

This is to request for reconsideration of your decision to deny my request for information. My ground/s for requesting for reconsideration is/are

SIGNATURE OVER PRINTED NAME OF REQUESTING PARTY DATE

RECEIVED BY

SIGNATURE OVER PRINTED NAME POSITION TITLE DATE & TIME

APPROVED BY

SIGNATURE OVER PRINTED NAME OF BRANCH HEAD DATE & TIME

-----Perforate Here-----



SOCIAL SECURITY SYSTEM FOI REQUEST FORM ACKNOWLEDGEMENT STUB

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) COMPANY/ASSOCIATION/INSTITUTION NAME (if applicable)

INFORMATION BEING REQUESTED

INFORMATION CODE PERIOD COVERED

INFORMATION TITLE

SPECIFIC SUBJECT (write "N/A" if not applicable)

RECEIVED AND SCREENED BY

SIGNATURE OVER PRINTED NAME POSITION TITLE BRANCH NAME DATE & TIME

TRANSACTION RESULT APPROVED BY

SIGNATURE OVER PRINTED NAME OF BRANCH HEAD DATE & TIME

TRANSACTION RESULT

- Request referred to _____
 Request denied due to _____
 requested information is not in the SSS List of Information
 requested information is already available online
 Others _____
 Request forwarded to FOI Appeals Committee for reconsideration

(TO BE FILLED-OUT IF RE-FILING FOR APPEAL)

RECEIVED BY APPROVED BY

SIGNATURE OVER PRINTED NAME POSITION TITLE DATE & TIME

SIGNATURE OVER PRINTED NAME OF BRANCH HEAD DATE & TIME

CONTACT INFORMATION OF THE BRANCH: