

VPF-01218 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS P.E.S.O. FUND
PAYMENT FORM

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

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

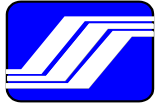
SS NUMBER	COMMON REFERENCE NUMBER (CRN)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ADDRESS IN THE PHILIPPINES (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
FOREIGN ADDRESS (IF APPLICABLE)			COUNTRY
TEL. NO. (COUNTRY CODE + AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NO.	E-MAIL ADDRESS	

SSS P.E.S.O. FUND PAYMENT

FORM OF PAYMENT	AMOUNT IN FIGURES	AMOUNT IN WORDS
<input type="checkbox"/> Cash	P _____	CERTIFIED CORRECT BY PAYOR
<input type="checkbox"/> Check	P _____	
Bank Name/Branch _____		
Check Number _____		
Date _____		
TOTAL AMOUNT	P _____	PRINTED NAME SIGNATURE DATE

INSTRUCTIONS

1. Fill out this form in two (2) copies without erasures and alterations.
2. Make all checks payable to SSS.
3. Submit this form with contribution payment to the nearest SSS Branch Teller.



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