

## 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 LISE **RI ACK INK ONLY** 

PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE <b>BLACK INK ONLY</b> .								(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)									
SS NUMBER COMMON REFERENCE NUMBER						R (CRN)	(CRN) DATE O			F BIRTH (MMDDYYYY)			ΓΑΧ ΙΕ	ENTIF	ICATIO	ION NUMBER	
			ĺ														
NAME (LAST NAME)	)	(FIR:	ST NAME	E)					(MIC	DLE N	IAME)					(	(SUFFIX)
ADDRESS IN THE PHILIPPINES	(RM./	FLR./UNI	Г NO. & В	BLDG. N	AME)		(I	HOUSE/	LOT & BLK	. NO.)			(ST	REET NA	AME)		
(SUBDIVISION)	(BARANG	AY/DISTR	RICT/LOC	ALITY)			(CITY/	MUNICI	PALITY)		(	(PRO	VINCE)			ZIP CC	DDE I
FOREIGN ADDRESS (IF APPLICABLE	E)											(	COUN	TRY		<u> </u>	
TEL. NO. (COUNTRY CODE + AREA COL	DE + TEL. NO.)	MOBILE	E/CELL	PHON	NE NO				E-MAIL	- ADI	DRESS						
				SSS	P.E.S	.O. FUN	ID PAY	MENT									
FORM OF PAYMENT	AMOUNT IN FIGURES			ΑI	AMOUNT IN WORDS												
Cash	₽.					_											
Check	₽.					-  -											
Bank Name/Branch						-   <sup>CI</sup>	ERTIFIE	ED CC	RRECT	BY P	AYOR						
Check Number						-											
Date TOTAL AMOUNT	P					-		DINITE	ED NAME			CNI	ATUR			DATE	
TOTAL AMOUNT	۲.					-		KIINIL	LD INAIVII	_	31	GIV	TION	=		DATE	
						TRUC	<u> FIONS</u>										
<ol> <li>Fill out this form in two (2) copi</li> </ol>		sures a	nd alte	rations	S.												
<ol><li>Make all checks payable to SS</li></ol>	S.																
<ol><li>Submit this form with contribute</li></ol>	ion payment to	the ne	arest S	SS Br	anch 1	Γeller.											

	Republic of the Philipp SOCIAL SECURITY	SYSTEM					
VPF-01218 (09-2015)	SSS P.E.S.O. F	UND					
	<b>PAYMENT FO</b>	RM					
	JCTIONS BELOW BEFORE FILLING OU IN CAPITAL LETTERS AND USE <b>BLAC</b>		(THIS IS Y	OUR OFFI	CIAL RECEIPT V	WHEN VALIDAT	ED)
SS NUMBER	COMMON REFERENCE NUMBER	(CRN) DATE C	F BIRTH (MMDD)	YYYY)	TAX IDENTI	FICATION N	NUMBER
NAME (LAST NAME	(FIRST NAME)		(MIDDLE NAME)	)			(SUFFIX)
ADDRESS IN THE PHILIPPINES	(RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/L	OT & BLK. NO.)		(STREET I	NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIF	PALITY)	(PRC	OVINCE)	ZIF	CODE
FOREIGN ADDRESS (IF APPLICABL	Ε)				COUNTRY		
TEL. NO. (COUNTRY CODE + AREA CO	DE + TEL. NO.) MOBILE/CELLPHONE NO.		E-MAIL ADDRE	SS			
	SSS P.E.S.	O. FUND PAYMENT					
FORM OF PAYMENT	AMOUNT IN FIGURES	AMOUNT IN W	ORDS				
☐ Cash	₽						
Check	₽						
Bank Name/Branch		CERTIFIED CO	RRECT BY PAYO	OR .			
Check Number							
Date							
TOTAL AMOUNT	P	PRINTE	D NAME	SIGN	IATURE	DA	TE
	<u>INST</u>	<u> </u>					

- 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.