



MCA-01617 (12-2021)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

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SINUMPAANG SALAYSAY
Handling of Concerns
(For Member)

I am _____, _____ years old, presently residing at _____, _____, and my SS Number is _____. You may contact me thru my mobile/cellphone/landline number _____ or thru my e-mail address _____, after having been sworn in accordance with law hereby depose and state the following:

1. Question: What is your complaint/concern?
Answer: _____

2. Question: What is the name of the company that you worked for?
Answer: _____
3. Question: Where is it located?
Answer: _____
4. Question: Who is the current owner/president of the company?
Answer: _____
5. Question: How long did you work in the said company? How many months/years?
Answer: from (month and year): _____ to (month and year): _____
number of months/years: _____
6. Question: What is the nature of your work?
Answer: _____
7. Question: How much is your monthly salary?
Answer: _____
8. Question: Have you been deducted for your SSS contribution? If yes, how much?
Answer: _____

I am executing this affidavit to attest to the truth and veracity of the foregoing statements in accordance to R.A. No. 10173, Data Privacy Act of 2012:

Affiant

SUBSCRIBE AND SWORN to me this _____ day of _____ 20____, affiant exhibiting to me his/her government identification card _____ issued by _____ on _____.

NOTARY PUBLIC

Doc. No. _____ ;
Page No. _____ ;
Book No. _____ ;
Series of _____ .