

from	to	Number of insurance months	Type of insurance(1)	Remarks
TOTAL				

4. Liaison Agency of the Philippines		
International Operations Group Social Security System East Avenue, Diliman Quezon City, PHILIPPINES 1100		
Date	Signature	Official seal/stamp
Explanatory Notes		
(1) Please specify insurance periods as follows: -Compulsory insurance -Voluntary insurance -Equivalent periods		