



Republic of the Philippines
SOCIAL SECURITY SYSTEM

East Ave., Diliman, Quezon City

Tel. No 6401 • (632) 920-6446

E-mail: member_relations@sss.gov.ph • Web site: <http://www.sss.gov.ph>

CIRCULAR NO. 2022-020

TO : ALL HOUSEHOLD EMPLOYERS

**SUBJECT : CONTRIBUTION PENALTY CONDONATION AND
RESTRUCTURING PROGRAM (CPCR-P)**

Pursuant to Section 4(a)1, (5) and (8) of Republic Act No. 11199 (Social Security Act of 2018), granting the Social Security Commission (SSC), the authority to formulate, adopt, amend and/or rescind such rules and regulations as may be necessary to carry out the provision and purposes of the SS Act of 2018, approve restructuring proposals for the payment of due but unremitted contributions, and condone, enter into a compromise or release, in whole or in part, such penalties imposed upon delinquent Social Security (SS) contributions, and SSC Resolution No. 414-s.2022 dated 22 June 2022, the SSS hereby issues the following guidelines for its effective implementation.

Unless the context of a certain provision of this Circular clearly indicates otherwise, the term "Program" refers to the SS Contribution Penalty Condonation and Restructuring Program (CPCR-P), as provided herein.

SECTION 1. Coverage – All Household Employers (HRs) who are delinquent or have not remitted all contributions and/or penalties from actual date of employment of the Kasambahay reported to SSS prior to the effectivity of this Circular up to the month of receipt of the application for condonation are covered by this set of guidelines. As a continuing condonation program, delinquencies incurred for Kasambahays employed after the effectivity of this Circular are also covered under this Program.

All HRs who are delinquent in the payment of SS contributions and/or penalties whose financial positions demonstrate a clear inability to pay the assessed delinquency arising from economic crisis, financial reverses, or resulting from pandemic, natural calamity, or man-made disaster without fault on the part of the HR may apply for condonation under this Program.

SECTION 2. Submission of Application – The HR shall submit an accomplished Application Form (Annex A) together with the documentary requirements enumerated in Section 3 and the mode/proof of payment requirements stated in Section 9 of this Circular, to the SSS Branch Office (BO) having jurisdiction over its account, not earlier than the effectivity of this Circular.

SECTION 3. Documentary Requirements – To support its application, the HR shall comply with the requirements listed in Annex B and an Affidavit/Sworn Statement of Two Disinterested Persons (Annex C), or Certification from the Homeowners/Condominium Associations/Barangay (Annex D), stating the reason/s for the inability to remit/pay the assessed delinquencies.

Handwritten signature and initials in blue ink.

The HR shall also submit any of the following, when applicable:

- a. Official receipt of the down payment which shall not be less than 5% of the total amount of delinquency, for installment payment proposals;
- b. Official Receipt of the full payment of the Employees Compensation (EC) contribution and penalty delinquency, if applicable; and
- c. Installment Proposal (Annex E-1) and Promissory Note for Installment Proposal (Annex E-2).

All applications with complete documentary requirements and the proposed mode of payment, shall be received and evaluated by the concerned Accounts Management Section (AMS) of the BO having jurisdiction over the HR.

SECTION 4. HR with Pending Cases or with Final Judgment – Upon approval of the application under this Program, all pending cases filed against the HR may be withdrawn, archived, or provisionally dismissed as may be allowed by the court or office of the prosecutor without prejudice to its revival or refiling, or may be a ground for a compromise judgment.

This Program shall not extend to HRs with judgments that have acquired finality.

SECTION 5. HR with Pending or Approved Proposals under the Installment Payment Scheme Program – All pending or approved Installment Payment Proposals shall remain in full force and effect and shall only be deemed withdrawn or cancelled upon approval by the SSS of the application under this Program.

Any outstanding balance under other approved installment payment schemes shall be considered as part of the total delinquency for the purpose of this Program, subject to re-computation.

SECTION 6. HR with Pending Application Under the Program for Acceptance of Properties Offered Through *Dacion en Pago* – The HR who applies under the Program shall be deemed to have withdrawn its pending application for *Dacion en Pago* upon approval of the application by the SSS. This pertains to *Dacion en Pago* proposals for payment of SS contributions only.

SECTION 7. HR with Issued Warrants of Distraint, Levy and/or Garnishment (WDLG) – The HR subjected to WDLG processes and procedures for delinquencies incurred from date of employment and onwards may avail of the Program except where a WDLG had been issued. However, should the execution of the WDLG be unsuccessful or the money and property obtained are insufficient to cover the entire assessed delinquency appearing on the WDLG, the account of the HR shall be returned to the BO of origin so that the HR can avail of the CPR-P.



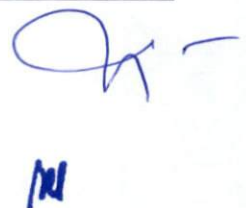
SECTION 8. Financial Incapacity –As proof of its financial incapacity, the HR shall submit the following documents;

1. Affidavit/Sworn Statement of two (2) disinterested persons (Annex C) living in the neighborhood/area of the HR, stating that the household employer has suffered financial losses due to pandemic/natural calamity/fire /burglary/death or loss of provider/or any reason(s) that the household has no longer the financial capacity to settle its financial obligation to the SSS. Further, it must be stated therein the employment period of the Kasambahay who is/are subject to non-payment of contributions; or
2. Certification from the Homeowners/Condominium Association or from the Barangay (Annex D) stating that the household employer has suffered financial losses due to pandemic/natural calamity/ fire/burglary/death or loss of provider/ or any reason(s) that the household has no longer the financial capacity to settle its financial obligation to the SSS. Further, it must be stated therein the employment period of the Kasambahay who is/are subject to non-payment of contributions.

However, notwithstanding the preceding paragraph, in cognizance of the adverse impact of the COVID-19 pandemic severely affecting the Philippine economy, presentation of documents as proof of a financial loss for the years 2020, 2021 and 2022 is no longer necessary to avail of the condonation of penalty imposed on delinquent contributions for the period March 2020 to February 2022 and will instead pay the principal amount plus a legal interest of six percent (6%) per annum.

SECTION 9. Modes of Payment in Settling Delinquencies – An HR-Applicant may settle the total assessed contribution delinquency which is the sum of delinquent contributions with interest and contributions with penalties, as the case maybe, through any of the following modes;

1. Payment in **FULL** of the total assessed contribution delinquency through any SSS BO or authorized collection agent (e.g. accredited banks, payment centers/partners) of the SSS, within **fifteen (15) calendar days** from receipt of the Notice of Approval by the SSS; or
2. Approved installment proposal to settle the total assessed contribution delinquency provided that the delinquency qualified for condonation shall be subject to the legal interest of six percent (6%). The HR shall be required to pay a down payment of not less than five percent (5%) of the total amount of delinquency upon submission of the application. The balance of delinquency shall be payable in accordance with the Schedule of Monthly Installment Payments as follows:



TOTAL AMOUNT OF DELINQUENCY	MAXIMUM NUMBER OF MONTHLY INSTALLMENT
Up to P50,000.00	Twelve (12) months
Over P50,000.00 – P250,000.00	Sixteen (16) months
Over P250,000.00 – P500,000.00	Twenty (20) months
Over P500,000.00 – P750,000.00	Twenty-four (24) months
Over P750,000.00 – P1,000,000.00	Thirty (30) months
Over P1,000,000.00	Thirty-six (36) months

The HR-applicant shall issue, within fifteen (15) calendar days from receipt of Notice of Approval, all the Post-Dated Checks (PDCs) with Payment Forms and the Contributions Collection list (CCL) corresponding to the months covered by the installment to be submitted by HR-applicant to the assigned Account Officer (AO) of SSS BO. For this purpose, HRs may submit PDCs issued by a Third Party, provided that a duly notarized Joint Undertaking (Annex F) in favor of the SSS shall be executed by both the HR and the said Third Party.

Further, HR with a total amount of delinquency of Fifty Thousand Pesos (Php50,000.00) and below, net of down payment, may be allowed not to issue PDCs provided that the HR shall execute a duly notarized Undertaking (Annex G) in favor of the SSS to pay its delinquencies in accordance with the above-mentioned Schedule of Monthly Installment Payments.

SECTION 10. Recommending and Approving Authorities – The SSC has designated the SSS Officials to recommend, approve or deny the applications filed under this Program.

SECTION 11. Cancellation – The Notice of Approval issued by the SSS shall be deemed cancelled under any of the following circumstances:

1. For Full Payment, failure to pay in full within fifteen (15) calendar days from receipt of the Notice of Approval issued by the SSS.
2. For approved Installment proposal, failure to submit the PDCs with Payment Forms and the corresponding CCL within fifteen (15) calendar days from receipt of the Notice of Approval.
3. Any default in the payment under the approved installment proposal within the period provided therein; or
4. Failure to pay the current contributions and loans from the month of filing of the application until the approval by the SSS, and for the entire duration of the approved installment proposal, if applicable.

SECTION 12. Effects of Cancellation of the Notice of Approval – The cancellation of the Notice of Approval shall render the total assessed contribution delinquency, including the two percent (2%) monthly penalty, due and demandable and the SSS may proceed to collect the delinquency by:

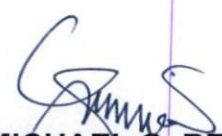
1. Issuing a warrant under the WDLG Program of the SSS, if applicable.
2. Filing the necessary civil/criminal action against the responsible HR pursuant to Section 22 (a) in relation to Section 28 (e) and (f) of the Social Security Act of 2018.
3. If the criminal case had been withdrawn, refiling the case or any other relief/s and remedy/ies available to the SSS.
4. If the criminal case was provisionally dismissed, reviving the case before the proper courts or any other relief/s and remedy/ies available to the SSS; and
5. If with conviction/judgment, any relief/s and remedy/ies available to the SSS.

The HR shall no longer be qualified to avail of the condonation of penalties under this Program for the period covered by the installment payment subject of the cancellation of the Notice of Approval.

SECTION 13. Appeals. Within thirty (30) days from receipt of the Notice of Denial from the SSS of its application for condonation under this Program, an HR may file an appeal to the Employer Delinquency Settlement Review Committee (EDSRC) in accordance with its rules and procedures.

SECTION 14. Repealing/Separability Clause. - All other Circulars and other related issuances or parts thereof which are inconsistent with the provisions of this Circular are hereby repealed or amended accordingly.

SECTION 15. Effectivity. – This Circular shall take effect immediately after its complete publication in a newspaper of general circulation and the registration and submission of the required copies to the Office of the National Administrative Register (ONAR).


MICHAEL G. REGINO
President and CEO

26 AUG 2022

Date

(Policy: Contributions Collection)
Prepared by: Account Management Group

Contribution Penalty Condonation and Restructuring Program (CPCR-P)

ATTACHMENTS:

- Annex A** - Application for Contribution Penalty Condonation and Restructuring Program
- Annex B** - Checklist of Documentary Requirements
- Annex C** - Affidavit of Two Disinterested Persons
- Annex D** - Certification by (Homeowners/Condominium Association/Barangay)
- Annex E-1** - Installment Proposal
- Annex E-2** - Promissory Note
- Annex F** - Joint Undertaking (Employer with Post-Dated Checks Issued by a Third Party)
- Annex G** - Undertaking (Employer without Post-Dated Checks)



APPLICATION FOR CONTRIBUTION PENALTY CONDONATION AND RESTRUCTURING PROGRAM

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation and Restructuring Program for Household Employers

(DD Month YYYY)

TO THE SOCIAL SECURITY SYSTEM:

Pursuant to Republic Act No. 11199, the "Social Security Act of 2018", and its implementing rules and regulations, I, _____, household employer, with Employer ID Number _____ and residential address at _____, hereby apply for condonation of penalties on all unremitted/under-remitted or delinquent Social Security (SS) contributions in the amount of _____ pesos (Php _____) as principal, _____ pesos (Php _____) as interest (if applicable), and the amount of penalty to be condoned is _____ pesos (Php _____) (Php _____) computed as of _____.

To show proof of my household's inability to pay all unremitted/under-remitted or delinquent contributions for the period from _____ to _____, attached to this application is/are the required document/s to show that my household has experienced financial difficulties in meeting my financial obligations with SSS.

Should my application be approved, I will settle the total assessed SS contributions delinquency/ies through:

- "FULL PAYMENT"; or
- "INSTALLMENT PAYMENT", in the amount of _____ pesos (Php _____) for _____ (_____) months from _____ to _____ which shall earn a six (6%) percent per annum interest rate

The corresponding receipts for full payment or Post-Dated Checks with Payment Forms and the Contributions Collection List/s corresponding to the months covered by installment shall be submitted to SSS within the prescribed period of **fifteen (15) calendar days** upon receipt of the Social Security System's Notice of Approval for Contribution Penalty Condonation and Restructuring Program.

It is understood that failure on my part to disclose or remit any or all of the delinquency/ies within the prescribed/approved installment scheme, the approval of my application shall be deemed automatically withdrawn and the penalties approved to be condoned under this application shall be reimposed and become due and demandable together with any assessed delinquency.

Signature Over Printed Name

CHECKLIST OF DOCUMENTARY REQUIREMENTS

Contribution Penalty Condonation and Restructuring Program for Household Employers

I. BASIC DOCUMENTS

DOCUMENT	NO. OF COPIES
1. Duly accomplished Application for Contribution Penalty Condonation and Restructuring Program Form	2
2. Valid Identification Cards/Documents of household employer as per SSS Circular Nos. 2018-017 & 2021-018	2
3. Affidavit of Two Disinterested Persons or Certification by Homeowners/Condominium Association/Barangay	2

II. PAYMENT REQUIREMENTS

A. For Full Payment

DOCUMENT	NO. OF COPIES
Official receipt of the full Payment of Employees Compensation (EC) contribution and penalty delinquency/ies, if applicable	2

B. For Installment Payment

DOCUMENT	NO. OF COPIES
1. Official Receipt of the full Payment of EC Contributions and penalty delinquency/ies, if applicable	2
2. Official Receipt of the full payment of the down payment which shall not be less than 5% of the total amount of delinquency	2
If total delinquency is Php 50,000.00 and below net of down payment and without PDCs	
Duly notarized Undertaking executed by the employer in favor of SSS to pay delinquencies	2
If PDCs are issued by the Third Party	
Duly notarized Joint Undertaking executed by both the Employer and the Third Party in favor of SSS	2

Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

AFFIDAVIT OF TWO DISINTERESTED PERSONS

Contribution Penalty Condonation and Restructuring Program for Household Employers

We, _____ and _____, of legal
(Name) (Name)
ages with residence and postal address at _____,
(Address)
in accordance with law, do hereby depose and say- THAT:

1. We personally know _____, a Household Employer duly
(Name)
registered with the Social Security System (SSS), with Employer ID Number
(Employer ID Number) _____, with Kasambahay/s duly hired on _____,
(DD Month YYYY)
and residential address at _____.(Address)

2. As neighbors, we have personal knowledge of the Kasambahay/s,
_____ that was/were under the employ
(Name/s of Kasambahay)
of our neighbor and that his/her/their employment as Kasambahay/s was/were
terminated effective _____.
(DD Month YYYY)
This/These is/are the same Kasambahay/s who was/were the subject of nonpayment
of SS contributions.

3. We also have personal knowledge of the financial difficulty that our neighbor is
facing due to the pandemic/natural calamity/fire/burglary/death of their
breadwinner, who provides for the financial needs of the family.

4. We are aware if his/her obligation of the monthly remittances to the SSS for and
on behalf of the Kasambahay/s but was not able to remit because of the financial
difficulties that his/her family has experienced during the past years due to
_____ which is beyond his/her control.
(Reason/s of Financial Difficulty)

5. We are executing this affidavit to attest the truth of the above-mentioned facts
for all legal intents and purposes, it may serve.

AFFIANTS FURTHER SAYETH NAUGHT

Affiant

Affiant

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, the affiants having shown to me their government issued identification card/s bearing the following details:

Name	Valid Proof of Identification	Date of Expiry/ Place of Issue

Notary Public

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

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CERTIFICATION

(Homeowners/Condominium Association/Barangay)

Contribution Penalty Condonation and Restructuring Program for Household Employers

TO WHOM IT MAY CONCERN:

This is to certify that Mr./Mrs. _____ is a resident of _____
(Name)
 _____ and a household employer, with
(Name of the Subdivision/Condominium/Barangay)
 Employer ID Number _____ and residential address at
(Employer ID Number)
 _____.
(Address)

This further certifies that the resident has suffered financial losses due to:

- pandemic
- natural calamity
- fire
- burglary
- death loss of household financial provider
- others: _____

Furthermore, the Kasambahay/s who is/are subject of non-payment/underpayment of contributions has/have been employed from _____ to _____.
(MM-YYYY) (MM-YYYY)

This certification is issued based on the information provided by the household employer for whatever legal purpose this may serve.

Done this _____ day of _____ 20____, at _____, Philippines.

Signature Over Printed Name

Official Designation

INSTALLMENT PROPOSAL

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation and Restructuring Program for Household Employers

(DD Month YYYY)

TO THE SOCIAL SECURITY SYSTEM:

Pursuant to Republic Act No. 11199, the "Social Security Act of 2018", and its implementing rules and regulations, I, _____, (Name)
with Employer ID Number _____ (Employer ID Number) and residential address at _____ (Address)
_____, hereby apply for condonation of penalties on all unremitted/
under-remitted or delinquent SS contributions amounting to _____ (Amount in Words)
pesos (Php _____) (Amount in Figures) and submit the following for consideration of the SSS:

1. Proof of down payment in the amount of _____ (Amount in Words)
pesos (Php _____) (Amount in Figures) under official receipt number _____ (Receipt Number)
dated _____ (DD Month YYYY) paid at _____ (Name of Collecting Agent) in
_____ (Place of Payment) representing _____ (Percentage) percent (___ %) of the total
contribution delinquency;
2. Promissory note to pay the SSS the amount of _____ (Amount in Words)
pesos (Php _____) (Amount in Figures) per month inclusive of six percent (6%) interest
per annum, within a period of _____ (Number of Months) (___) months starting on
_____ (MM-YYYY); and
3. The corresponding Contribution Collection List/s for the total contribution delinquency.

I undertake to submit the corresponding post-dated checks, if required, and Payment Forms and Contribution Collection Lists/s corresponding to the months covered not later than **fifteen (15) calendar days** from receipt of Notice of Approval of this proposal.

I further undertake that should the settlement of contributions through this application result in additional benefits for contingencies that have occurred prior to the date of settlement or shall occur within the installment period, I shall pay the SSS damages in accordance with the provisions of the Social Security Act of 2018.

I further agree that failure on my part to disclose and remit any/all of my delinquent contributions will result in the reimposition of penalties that have been condoned under this Program.

Signature Over Printed Name



Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

PROMISSORY NOTE

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation and Restructuring Program for Household Employers

(DD Month YYYY)

I, _____, with Employer ID Number _____, and
(Name) (Employer ID Number)
residential address at _____, hereby declare
(Address)
as follows:

- I promise to pay the Social Security System (SSS) the amount of _____ pesos (Php _____) representing
(Amount in Words) (Amount in Figures)
all unremitted/under-remitted or delinquent SS contributions incurred for the
applicable period from _____ to _____. The monthly
(MM-YYYY) (MM-YYYY)
amortization of _____ pesos (Php _____),
(Amount in Words) (Amount in Figures)
inclusive of six percent (6%) interest per annum, will be paid will in
_____ () monthly installments starting on _____; and
(Number of Months) (DD Month YYYY)
- I fully understand that the SSS will condone my incurred penalties amounting to _____ pesos (Php _____) for my
(Amount in Words) (Amount in Figures)
unremitted/under-remitted or delinquent contributions covered in this Program.

Nothing in this promissory note shall be construed as a waiver of the right of the SSS to prosecute in a criminal proceeding or take other appropriate court action against the undersigned for violation of the Social Security Act of 2018.

Signed this ____ day of _____, 20____, in _____, Philippines.

Signature Over Printed Name

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

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

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Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

JOINT UNDERTAKING (EMPLOYER WITH POST-DATED CHECKS ISSUED BY A THIRD PARTY)

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation and Restructuring Program for Household Employers

(DD Month YYYY)

I, _____, household employer, with Employer ID
(Name)
Number _____ and residential address at _____
(Employer ID Number) (Address)

admit being delinquent in the payment of Social Security (SS) contributions, including penalties and interest, if any, and undertake to pay the Social Security System (SSS) the total amount of _____ pesos (Php _____)
(Amount in Words) (Amount in Figures)

as stated in the Application for Contribution Penalty Condonation and Restructuring Program dated _____.
(DD Month YYYY)

I hereby waive all my rights to confidentiality of my deposit/s in any and all banks/ banking institution/quasi-banks/financial institutions under the provisions of Republic Act No. 1405 (Bank Secrecy Law), Republic Act No. 6426 (Foreign Currency Deposit Act), Republic Act No. 8791 (General Banking Law), and Republic Act No. 10173 (Data Privacy Act). Moreover, I hereby authorize the SSS, through its duly authorized representatives/officers, to examine, inquire, and look into the said deposit and/or secure information of all my deposit accounts to ensure my compliance with the provisions of the Republic Act No. 11199 (Social Security Act of 2018) and/or for whatever legal purpose such waiver may serve;

- and -

I, _____, of legal age, Filipino, married/single,
(Name)
with residential address at _____
(Address)

agree to issue post-dated checks (PDCs) in favor of the SSS, for and in behalf of _____ to settle the latter's delinquencies with the SSS.
(Household Employer)

We undertake that all issued PDCs under the Installment Payment shall not be dishonored/cancelled/retrieved, as they fall due. Otherwise, we shall be liable for whatever legal actions, reliefs, and/or remedies the SSS have against us.

Signed in _____, Philippines, on _____.

Signature Over Printed Name

Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, the affiants having shown to me their government issued identification card/s bearing the following details:

Name	Valid Proof of Identification	Date of Expiry/ Place of Issue

Notary Public

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

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Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

UNDERTAKING (EMPLOYER WITHOUT POST-DATED CHECKS)

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation and Restructuring Program for Household Employers

(DD Month YYYY)

I, _____, household employer, with Employer
(Name)
ID Number _____ and residential address at _____
(Employer ID Number) (Address)
_____ admit being delinquent in the payment of Social Security

(SS) Contributions, including penalties and interest if any, and undertake to pay the Social Security System (SSS) the total amount of _____ pesos
(Amount in Words)
(Php _____).
(Amount in Figures)

I undertake to pay my delinquencies in cash/manager's check on due dates in accordance with the approved Installment Payment Schedule and comply with all my obligations under Contribution Penalty Condonation and Restructuring Program. Otherwise, I shall be liable for whatever legal actions, reliefs and/or remedies the SSS has against me.

I hereby waive all my rights to confidentiality of my deposit/s in any and all banks/banking institutions/quasi-banks/financial institutions under the provisions of Republic Act No. 1405 (Bank Secrecy Law), Republic Act No. 6426 (Foreign Currency Deposit Act), Republic Act No. 8791 (General Banking Law), and Republic Act No. 10173 (Data Privacy Act). Moreover, I hereby authorize the SSS, through its duly authorized representatives/officers, to examine, inquire, and look into the said deposit and/or secure information of all my deposit accounts to ensure my/our compliance with the provisions of the Republic Act No. 11199 (Social Security Act of 2018) and/or for whatever legal purpose such waiver may serve.

I hereby consent to the collection, use, access, disclosure, and processing of my personal and sensitive information by the Bank and/or SSS to effect the above-stated purposes, in accordance with their policy on data privacy and pursuant to the requirements of the Data Privacy Act.

Signed in _____, Philippines, on _____.

Signature Over Printed Name

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

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

