

Republic of the Philippines SOCIAL SECURITY SYSTEM EMPLOYER REGISTRATION

Please read instructions at the back. Print all information in capital letters and use black ink.

PART I - EMPLOYER MAIN OFFICE DATA																
NAME OF BUSINESS/EMPLOYER																
BUSINESS ADDRESS																
NO. & STREET					BARANGAY											
TOWN/DISTRICT						CITY/PROVINCE										
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START OF OPERATION (mmddyyyy)	Intersection (mmddyyyy) NUMBER OF EMPLOYEES NATURE OF BUSINESS					AREA	COD	E	IELE	PHON	IE NU	MBER				
TIN	E-MAIL A	DDRESS					AREA	COD	Ē	FAX I	NUMB	ĖR		.1	1	I
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LEGAL PERSONALITY									l							
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NAME OF OWNER/MANAGING PARTNE									P	•		OOFL	NATIV			
							00 10	SS NUMBER								
POSITION TITLE										1	1	1	1		1	
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EMPLOYER NUMBER				S/EMPLC				A								
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BRANCH BUSINESS ADDRESS NO. & STREET							BARAN	BARANGAY								
TOWN/DISTRICT							CITY/F	CITY/PROVINCE								
START OF OPERATION (mmddyyyy)	N	UMBER (OF EMPL	OYEES			AREA	COD	E	TELE	PHON	IE NU	MBER	{		
TIN	E-MAIL ADDRESS			AREA		=	FAXI		FR							
NAME AND POSITION TITLE OF HIGHE	ST RANKE	D BRANC	H OFFIC	IAL:												
			DADT	III - CE		TION										
	I CERTIE			ECTNESS			INFORM	ΛΑΤΙΟ	N							
Printed Name			Signa				Of	ficial D	esigna	ation				Date		
FOR SSS USE FOR EMPLOYER REGISTRATION PLATE POSTAL CODE DATE OF COVERAGE (mmyyyy) BUSINESS CODE DOCUMENT/S SUBMITTED																
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	REMARKS		<u> </u>	I I	I											
Transaction/SBR No.					1											
	PROCESSED BY/DATE: REVIEWED BY/D			/DATE:			R	ECEI	ED B	Y/DA1	E:					
Validation/SBR Date	Signature Over Printed Name Si			anature (ature Over Printed Name											
APPROVED BY/DATE:	-			DATA CONTROLLED BY/DATE:												
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Signature Over Printed Name	Signature Over Printed Name			Signature Over Printed Name					Signature Over Printed Name							

INSTRUCTIONS/REMINDERS

1. Fill out this form in two (2) copies and accomplish appropriate parts as follows:

For Employer Main Office	-	Parts I and III
For Employer Branch Office	-	Parts II and III

- 2. Submit this form to the nearest SSS office with accomplished Employment Report (SS Form R-1A), Specimen Signature Card (SS Form L-501), and a sketch of your business address.
- 3. The form shall be supported by applicable required documents and signed by authorized signatories:

3.1 If Main Office

Legal Personality	Authorized Signatory
Single Proprietorship	Owner or, in his absence, the legal spouse or, in their absence, any representative with Special Power of Attorney (SPA)
Partnership	Managing Partner
Corporation	President, Chairman or Corporate Secretary
Cooperative	Chairman or Corporate Secretary
Non-stock / Non-profit corporation	President, Chairman or Corporate Secretary
Manning Agency with Foreign Principal	President, Chairman or Corporate Secretary

3.2 If Branch Office

Required Document	Authorized Signatory				
Certificate of Operation from the main office signed by the President, Chairman or Corporate Secretary	Highest ranked official of the branch				

- 4. Pay the fee of P165.00 for Employer Registration Plate at the SSS or at any SSS-accredited bank and submit validated Miscellaneous Payment Return (SS Form R-6) or SS Form R-6 and Special Bank Receipt with this form.
- 5. Notify SSS of any changes in data and the status of the employer's business operations to avoid being billed for period/s when no contributions are due. Fill up and submit Employer Data Change Request (SS Form R-8) supported by the required document/s, in any of the following cases:
 - Temporary suspension, permanent cessation or merger/consolidation of business operations; and
 - Changes in the employer's data such as business name, address, ownership, legal personality and other relevant information
- 6. Request for replacement of the Employer Registration Plate, in case of loss or change of business name and/or address that will result to change of SSS branch ownership, using the Application for Employer Registration Plate.
- 7. Always use your 13-digit Employer Number in all your transactions with the SSS.