



MBL- (03-2012)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
"Insert Branch Name"
"Insert Branch Address"

PROMISSORY NOTE
SSS Member Loan Penalty Condonation Program for Individual Members

Date: _____

TO THE SOCIAL SECURITY SYSTEM:

_____ (name of the member) with SS No. _____ and residential address at _____, promises to pay the Social Security System the amount of (P_____) in _____ () months, representing the monthly amortization per attached installment payment schedule and to pay said amount either to any SSS branch with tellering facility or SSS accredited bank.

Further, failure to pay the monthly amortization of my restructured loan on its due date by at least two months shall render my account in default and shall terminate my approved installment plan, cause re-imposition of accrued penalties on my loan in proportionate amount, make my entire loan due and demandable, result in the deduction of the total obligation from my future benefits, and cause permanent suspension of my loan privileges.

Signature over printed name

SIGNED IN THE PRESENCE OF:

SUBSCRIBED AND SWORN to before me, a Notary Public for and in _____ this _____ at _____, affiant exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

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

