



R-7
04-98

Republic of the Philippines
SOCIAL SECURITY SYSTEM
APPLICATION FOR SSS ELECTRONIC DATA INTERCHANGE
(Please Print All Information in Capital Letters and Use Blank Ink Only)

EMPLOYER ID NUMBER				REGISTERED EMPLOYER NAME					
ADDRESS <i>(NO. & STREET)</i>		<i>(BARANGAY)</i>		<i>(TOWN/DISTRICT)</i>		<i>(CITY/PROVINCE)</i>		POSTAL CODE	
NO. OF EMPLOYEES		AREA CODE	TELEPHONE NUMBER		FAX NUMBER		E-MAIL ADDRESS		
BANK NAME			BANK BRANCH		BANK ACCOUNT TYPE & NUMBER				
EDI VAN		MODE OF TRANSMISSION: <input type="checkbox"/> Own Computer <input type="checkbox"/> Service Center <input type="checkbox"/> Mother/Sister Company (Name: _____)							

This is to certify that the information contained herein are true and shall remain in force until corrections or changes are made in writing and I hereby agree to the terms and conditions set forth by all concerned entities.

_____	_____	_____	_____
Printed Name	Signature	Official Designation	Date

FOR BANK USE

RECEIVED: _____ Signature over Printed Name/Date	APPROVED: _____ Signature over Printed Name/Date
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FOR EDI VAN USE

FOR EMPLOYER USE

RECEIVED: _____ Signature over Printed Name/Date	INSTALLATION ACKNOWLEDGED: _____ Signature over Printed Name/Date _____ Official Designation
APPROVED: _____ Signature over Printed Name/Date	
INSTALLED: _____ Signature over Printed Name/Date	

FOR SSS USE

PROCESSED: _____ Signature over Printed Name/Date	RECEIVED/DATE:
APPROVED: _____ Signature over Printed Name/Date	
START DATE OF TRANSMISSION:	

INSTRUCTIONS

1. Fill up this form in four (4) copies and write "N/A" whenever item is not applicable.
2. Submit the duly accomplished form directly to the EDI Value Added Network (VAN) or to the nearest SSS Office.