

AFFIDAVIT

I, _____, _____ years of age, assigned with SSS No. _____ and residing at _____, after having been duly sworn to in accordance with law depose and say:

1. Q.

What is the name of your employer?
- A.
2. Q.

What is its address?
- A.
3. Q.

Who is the present Manager? Owner? President?
- A.
4. Q.

What is the nature of your work?
- A.
5. Q.

When did you start working in its establishment? How long and how much is your salary?
- A.

From

To

Salary

From

To

Salary

From

To

Salary

From

To

Salary

6. Q.

How many employees are there in the establishment?

A.

7. Q.

Do you sign payrolls, vouchers, and the like when you are paid your salaries/wages?

A.

8. Q.

Do you know if you have been reported for registration to the SSS by this establishment? If so, when? SSS No. used?

A.

9. Q.

Are SSS contributions being deducted from your monthly earnings by your employer? If not, why?

A.

10. Q.

Does your employer issue receipt for SSS contributions deducted from your earnings?

A.

11. Q.

What are your premium contributions being remitted by this establishment to the SSS?

A.

12. Q.

What other matters would you like us to look into regarding your complain?

A.

The above answers are TRUE and CORRECT to the best of my knowledge and belief and are given freely and voluntarily.

IN WITNESS WHEREOF, I have set my hands this _____ day of _____, 20____ at _____.

Affiant

(Signature over Printed Name)

Mobile Number:_____

ID:_____

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 20____
at _____.

Legal Officer