



MLP-01338 (06-2017)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**EDUCATIONAL ASSISTANCE LOAN PROGRAM (EALP)**  
**APPLICATION**

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 PLEASE READ THE INSTRUCTIONS & REMINDER AT THE BACK OF THE FORM AND THE ATTACHED TERMS & CONDITIONS BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY MEMBER-BORROWER****A. MEMBER-BORROWER DATA**

TYPE OF EALP APPLICATION <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent Replacement of Sponsor Existing Sponsor: Name _____ SS No. _____		TO BE FILLED OUT IF EALP APPLICATION IS RETIAL REPLACEMENT OF SPONSOR REPAYMENT TERM IN YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	
SS NUMBER NAME _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MM/DD/YYYY) _____ (MM) _____ (DD) _____ (YYYY)	TAXPAYER ID NO. (IF ANY) _____ (PREFIX) _____ (MIDDLE) _____ (SUFFIX)
HOME ADDRESS REFUGARY NO. & BLDG. NAME _____ HOUSELOT & BLK. NO. _____ STREET NAME _____ CROSSLANE _____ CROSSWAY/INTERSECTION _____ ZONE/LOCALITY _____ PROVINCE _____ ZIP CODE _____			
MAILING ADDRESS REFUGARY NO. & BLDG. NAME _____ HOUSELOT & BLK. NO. _____ STREET NAME _____ CROSSLANE _____ CROSSWAY/INTERSECTION _____ ZONE/LOCALITY _____ PROVINCE _____ ZIP CODE _____			
TELEPHONE NUMBER (AREA CODE + TEL. NO.) _____ MOBILE/CELLPHONE NUMBER _____		E-MAIL ADDRESS _____	
FOREIGN ADDRESS (IF APPLICABLE) _____		COUNTRY _____ ZIP CODE _____	

**B. BENEFICIARY DATA (if other than member-borrower)**

SS NUMBER NAME _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____	DATE OF BIRTH (MM/DD/YYYY) _____ (MM) _____ (DD) _____ (YYYY)	AGE _____	RELATIONSHIP TO MEMBER-BORROWER <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling
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**C. MEMBER-BORROWER'S CERTIFICATION, AGREEMENT AND PROMISSORY NOTE**

- I certify that all information provided in this form and supporting documents I submitted in connection with this application are complete, true and correct.
- I further certify that my monthly salary/income is not more than Php 25,000 at the time of my initial application.
- I agree with the TERMS AND CONDITIONS of the Educational Assistance Loan Program (EALP) attached to this application.
- I unconditionally promise to pay the Social Security System (SSS) the EAL I availed subject to the TERMS AND CONDITIONS of the EALP.

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 If member-borrower cannot sign, fingerprints must be affixed on the signature portion above to be witnessed by the SSS receiving personnel.

**D. BENEFICIARY'S CERTIFICATION, AGREEMENT AND PROMISSORY NOTE**

- I certify that I am the beneficiary of this EAL, and I bind myself as a co-borrower thereto.
- If, for any reason, the member-borrower fails to pay 6 consecutive monthly amortizations, I unconditionally promise to pay the SSS any outstanding EAL balance, subject to the TERMS AND CONDITIONS of the EALP.
- I declare that I am of legal age as of this writing and is fully aware of the import of my actions.

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 If co-borrower/beneficiary cannot sign, fingerprints must be affixed on the signature portion above to be witnessed by the SSS receiving personnel.

**E. APPLICANT'S AUTHORIZATION**

I authorize \_\_\_\_\_ whose signature appears below, to file my application for EALP, to make necessary corrections/changes, to fill-out missing entries on Part I A & B heretofore, to affix initials on enclosures/attachments and to sign in the 'Conformer' portion of the Disclosure Statement on Loan/Credit Transaction or in the Rejection Notice in my behalf and cause the receipt thereof, whichever is applicable.

SIGNATURE OVER PRINTED NAME OF MEMBER-BORROWER \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_  
 If member-borrower/representative cannot sign, fingerprints must be affixed on the signature portion above to be witnessed by the SSS receiving personnel.

**PART II - TO BE FILLED OUT BY SSS**

IDENTIFICATION CARDS OR DOCUMENTS PRESENTED <input type="checkbox"/> Primary ID card/document <input type="checkbox"/> Two secondary ID cards or documents, at least one with photo & both w/ signature	RECEIVED AND ENCODED BY				
	SIGNATURE OVER PRINTED NAME _____		POSITION TITLE _____	DATE AND TIME _____	BRANCH _____
	REVIEWED BY				
	SIGNATURE OVER PRINTED NAME _____		POSITION TITLE _____	DATE AND TIME _____	



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**EDUCATIONAL ASSISTANCE LOAN PROGRAM APPLICATION**  
**ACKNOWLEDGEMENT STUB**

SS NO. / COMMON REFERENCE NO. (IF ANY) _____ (PREFIX) _____ (MIDDLE) _____ (SUFFIX)	NAME OF MEMBER-BORROWER _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX)		
RECEIVED BY SIGNATURE OVER PRINTED NAME _____ POSITION TITLE _____ DATE & TIME _____ BRANCH _____		TYPE OF EALP APPLICATION <input type="checkbox"/> Initial / Replacement of sponsor <input type="checkbox"/> Subsequent	

# Application Form 2017 Uoguide

**SA Adler**



## **Application Form 2017 Uoguide:**

## Decoding **Application Form 2017 Uoguide**: Revealing the Captivating Potential of Verbal Expression

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