



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

MLP-01338 (06-2017)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
 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		TO BE FILLED OUT IF EALP APPLICATION IS IN THE PLACE OF SPONSOR				
<input type="checkbox"/> Initial	<input type="checkbox"/> Subsequent	REPAYMENT TERM IN YEARS				
<input type="checkbox"/> Replacement of Sponsor		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Existing Sponsor: Name		CIVIL STATUS				
SS No.		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others		
SS NUMBER		COMMON REFERENCE NUMBER (IF ANY)		DATE OF BIRTH (MM/DD/YYYY)	TAXPAYER ID NO. (IF ANY)	
NAME (LAST NAME)		(PREFIX NAME)		(ADDRESS NUMBER)	(ZIP CODE)	
HOME ADDRESS		STREET NUMBER & BLDG. NUMBER		HOUSE/LOT & BLDG. NUMBER	(STREET NAME)	
SUBDIVISION		(SUBDIVISION/TRACT/LOT/LOCALITY)		LOT/TRACT NUMBER	(SUBDIVISION)	
MAILING ADDRESS		STREET NUMBER & BLDG. NUMBER		STREET NUMBER & BLDG. NUMBER	(STREET NAME)	
SUBDIVISION		(SUBDIVISION/TRACT/LOT/LOCALITY)		LOT/TRACT NUMBER	(SUBDIVISION)	
TELEPHONE NUMBER/AREA CODE+TEL. NO.		MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		
FOREIGN ADDRESS (IF APPLICABLE)				COUNTRY		
NAME		DATE OF BIRTH (MM/DD/YYYY)	AGE	RELATIONSHIP TO MEMBER-BORROWER		
		(PREFIX NAME)		<input type="checkbox"/> Legal Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Sibling
B. BENEFICIARY DATA (if other than member-borrower)						
NAME		DATE OF BIRTH (MM/DD/YYYY)	AGE			
		(PREFIX NAME)		<input type="checkbox"/> Legal Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Sibling
C. MEMBER-BORROWER'S CERTIFICATION, AGREEMENT AND PROMISSORY NOTE						
1. I certify that all information provided in this form and supporting documents I submitted in connection with this application are complete, true and correct.						
2. I further certify that my monthly salary/income is not more than Php 25,000 at the time of my initial application.						
3. I agree with the TERMS AND CONDITIONS of the Educational Assistance Loan Program (EALP) attached to this application.						
4. I unconditionally promise to pay the Social Security System (SSS) the EALP 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						
1. I certify that I am the beneficiary of this EALP, and I bind myself as a co-borrower thereto.						
2. If, for any reason, the member-borrower fails to pay 6 consecutive monthly amortizations, I unconditionally promise to pay the SSS any outstanding EALP balance, subject to the TERMS AND CONDITIONS of the EALP.						
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 correctional changes, to fill-out missing entries on Part I A & B hereof, to affix initials on waivers/alterations and to sign in the 'Conformed' 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		RECEIVED AND ENCODED BY				
<input type="checkbox"/> Primary ID card/document		SIGNATURE OVER PRINTED NAME				
<input type="checkbox"/> Two secondary ID cards or documents, at least one with photo & birth w/ signature		POSITION TITLE DATE AND TIME BRANCH				
REVIEWED BY		SIGNATURE OVER PRINTED NAME POSITION TITLE DATE AND TIME				



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SOCIAL SECURITY SYSTEM
EDUCATIONAL ASSISTANCE LOAN PROGRAM APPLICATION
ACKNOWLEDGEMENT STUB

SS NO/COMMON REFERENCE NO. OF ANY		NAME OF MEMBER-BORROWER (LAST NAME) (PREFIX NAME) (MIDDLE NAME) (ZIP CODE)	
RECEIVED BY		SIGNATURE OVER PRINTED NAME POSITION TITLE DATE & TIME BRANCH	
SIGNATURE OVER PRINTED NAME		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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