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
☐ Initial ☐ Subsequent
☐ Replacement of Sponsor
Existing Sponsor: Name _____
SS No. _____

TO BE FILLED OUT IF EALP APPLICATION IS INITIAL/REPLACEMENT OF SPONSOR
REPAYMENT TERM IN YEARS *
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CIVIL STATUS
☐ Single ☐ Married ☐ Others _____

SS NUMBER | COMMON REFERENCE NUMBER (IF ANY) | DATE OF BIRTH (MM/DD/YYYY) | TAXPAYER ID NO. (IF ANY)

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

HOME ADDRESS (NO. & BLDG. NAME) (HOUSE LOT & BLK. NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

MAILING ADDRESS (NO. & BLDG. NAME) (HOUSE LOT & BLK. NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (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 | DATE OF BIRTH (MM/DD/YYYY) | AGE | RELATIONSHIP TO MEMBER-BORROWER
☐ Legal Spouse ☐ Child ☐ Sibling

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

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 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

1. I certify that I am the beneficiary of this EAL, 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 EAL balance, subject to the TERMS AND CONDITIONS of the EALP.
3. 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 hereof, to affix initials on erasures/alterations and to sign in the 'Conforme' 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 CARD/S OR DOCUMENT/S PRESENTED
☐ Primary ID card/document
☐ Two secondary ID cards/ 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

Perforate here

Republic of the Philippines
SOCIAL SECURITY SYSTEM

EDUCATIONAL ASSISTANCE LOAN PROGRAM APPLICATION ACKNOWLEDGEMENT STUB

SS NO./COMMON REFERENCE NO. (IF ANY) | NAME OF MEMBER-BORROWER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

RECEIVED BY
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TYPE OF EALP APPLICATION
☐ Initial / Replacement of sponsor
☐ Subsequent

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Emilie Sanchez

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