



MLP-01338 (06-2017)

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

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 RETIAL REPLACEMENT OF SPONSOR REPAYMENT TERM IN YEARS ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 CIVIL STATUS ☐ Single ☐ Married ☐ 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) _____ (SUFFIX)
HOME ADDRESS REFUGARY NO. & BLDG. NAME _____ HOUSELOT & BLK. NO. _____ STREET NAME _____ CROSSLANE _____ CROSSWAY/STREET/CORNER _____ ZONE/LOCALITY _____ PROVINCE _____ ZIP CODE _____			
MAILING ADDRESS REFUGARY NO. & BLDG. NAME _____ HOUSELOT & BLK. NO. _____ STREET NAME _____ CROSSLANE _____ CROSSWAY/STREET/CORNER _____ 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 ☐ Legal Spouse ☐ Child ☐ 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 ☐ Primary ID card/document ☐ 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 _____
	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) _____ (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 ☐ Initial / Replacement of sponsor ☐ Subsequent	

Application Form 2017 Uoguide

Ying Liu



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