



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SPECIMEN SIGNATURE CARD

SSS Form L - 501 (07-94)

Registered Employer Name (Print in full)	I.D. No.
Address (Print in full)	Tel. No.

Authority to certify or sign documents on all social security matters is hereby delegated to the following officials of the company.

Printed Name	Official Designation	Initial	Signature

Name and official capacity of person granting authority: (Please sign over printed name.)	Date authority granted:
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Internet Edition (7/2000)

Cut along the dotted line.
Please read reminders on page 2 of this form.



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IMPORTANT INFORMATION/INSTRUCTIONS ABOUT YOUR SPECIMEN CARD

1. This form (SSS Form L-501) should be accomplished in two (2) copies by the responsible officials authorized by the employer to certify and/or sign documents on the Social Security System (SSS).
2. Any signature in the space for “Employer’s Representative” in salary and calamity application forms shall not be honored unless signatures appear in this form and are filed with the SSS.
3. The SSS should be notified of any change/revocation or addition in authorized representative through the submission of a new specimen signature card to replace or supplement that on file with the SSS.
4. The registered name, ID number and address of the employer should be correctly indicated in this form.