Address: _____

_____

_____

The Manager
SSS Pasig Branch
G/F Chipeco Building, Meralco Ave.
cor. Shaw Boulevard, Pasig City

Attention: **OPERATIONS ACCOUNTING SECTION**

Sir/Madam:

I would like to request for:

☐ Application of loan overpayment in the amount of P_____ to my renewal loan.

☐ Refund of loan overpayment deducted from the proceeds of my DDR benefit.

For your guidance, attached is the certification of payment/voucher to support my request.

Very truly yours,

_____
(SIGNATURE OVER PRINTER NAME)

_____
(SSS NUMBER)

>>> please cut here >>

ACKNOWLEDGMENT RECEIPT

NAME: _____ Date Received: _____

SSS NO.: _____ Received by: _____

05-2003Forms1/refund.xls

05-2003Forms1/refund.xls

NAME: _____ Date Received: _____

SSS NO.: _____ Received by: _____

ACKNOWLEDGMENT RECEIPT

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