

Republic of the Philippines SOCIAL SECURITY SYSTEM

2017

CERTIFICATE OF REGISTRATION

This is to certify that

SECURITY AGENCY AND INTELLIGEN

G/F ISABELLE RES 7 NORTH RD, BAGONG LIPUNAN NG CRAME QC 1111

has been duly registered with the Social Security System (SSS) as employer on **25 January 2017** with Employer Number **03-9556511-1-000**.

Pursuant to the provisions of Republic Act No. 1161, as amended, the employer has the responsibility to: report all its employees to the SSS for coverage; deduct from their monthly salaries their respective shares of the SS contributions and, with the corresponding employer's share, remit the same to the SSS. It also has the responsibility to deduct from the salaries of its employees, their monthly loan amortization, if any, and remit them to the SSS.

This certification is issued this 8th day of May, 2017.

MMANUEL F. DOOC

President and CEO N

20170508-093645-0



Republic of the Philippines SOCIAL SECURITY SYSTEM SSS CUBAO BRANCH

05/08/17

SECURITY AGENCY AND INTELLIGENT NETWORK TECHNOLOGY, INC.

G/F ISABELLE RESIDENCE NORTH ROAD BAGONG LIPUNAN NG CRAME QUEZON CITY 1111

Sir/Madam:

We are pleased to inform you that you are now registered with the Social Security System with assigned employer ID Number indicated in the attached Certification of Registration.

In this regard, we enjoin you to comply with the following:

- 1. Remit your contributions with respect to your employees following the encoded Revised Schedule of Payment Deadlines. Otherwise, a penalty of three percent (3%) per month from the date the contribution falls due until fully paid shall be charged. Contributions collected from your employees but are not remitted shall expose you to the penal provisions of RA 8282 also known as Social Security Act of 1997.
- 2. When remitting your contributions, always see to it that your Employer ID Number and the SS Numbers of your employees are correct to ensure the proper posting of the said contributions.
- 3. Report your new employee/s within thirty (30) days from employment date by submitting an accomplished "Employment Report" (SS Form R-1A) to the nearest SSS branch office. Failure to report your employee/s within the prescribed period shall render liable for damages equivalent to the benefits to which said employee/s would have been entitled in case of contingency had the employee/s been reported on time (Sec. 24 of R.A. 8282). The contributions must likewise be paid on time.
- 4. Any changes in your business name, address, ownership, legal personality, etc., must be communicated at once to the SSS to update your records and help facilitate future transactions.
- 5. When temporarily suspending or permanently closing your business, you must promptly notify the SSS by submitting the Employer Data Change Request (SSS Form R-8) with supporting documents. This will preclude the possibility of being billed of contributions when there is no longer any business operation.

Further, may we advise you to proceed to the Accounts Management Section of <u>Cubao</u> Branch for the conduct of briefing/seminar on SSS policies including privileges and benefits.

Please feel free to communicate with us should you need clarification or assistance regarding the above matters. For more information regarding the programs of SSS, you may visit our official website www.sss.gov.ph or call us at 920-6446 up to 55 or 917-7777.

Very truly yours,

FEMELOU S. BAJAO SSO III SSS CUBAO



COV - 01229 (12-2015)

Republic of the Philippines SOCIAL SECURITY SYSTEM EMPLOYMENT REPORT

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY. THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

A UYA ANGELA P CORPUZ - SMSR-Cubao Branch SIGNATURE OVER PRINTED NAME		Correct authorized signatory per SS Form L-501	BATCH NUMBER SCREENING & RECEIVING RESULTS PART II - TO BE FILLED OUT BY SSS	ARMANDO R. MENTA PRINTED NAME	MANAGING PARTNER/ MANICORPORATE SECRETARY ASSAULTS B TO BE	15.	144	13.	12.	11. 2	10.	9. The Date of Corces	8.	7. Date of Employment in			4.	3.	313 617 14 1810 1312 18 2. ANAS CATHERINE CALLO 014 214	012 019 14 19 14 15 19 1. CASAYURAN MICHAEL GUEVARRA 110 015 119	SS NUMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (MMDDLE	info@saint.com.ph	2)	ADDRESS (RMJ-LK JUNIT NO. & BLOG, NAME) (HOUSEALOT & BLK. NO.) (STREET NAME) UNIT 182, BT ISABELLE RESIDENCES I NO. 7, NORTH ROAD CORNER IST AVENUE	11111 SECURITY AGENCY AND INTELLIGI	EMPLOYER ID NUMBER FMPLOYER NAME
SIGNATURE OVER PRINTED NAME	REVIEWED BY DATE	MAY 0		POSITION TITLE DATE	in this form are true and correct. PRE SIDENIT MAY COUNTY PAGE 1 OF														1191812 014 218 210117	1191713 014 218 210 117	DATE OF BIRTH DATE OF EMPLOYMENT DATE OF SEPARATION (MMDDYYYY) (MMDDYYYY)	VEBSITE (IF ANY)		(SUBDIVISION) (BARANGAYDISTRICT/LOCALITY) $BRGY BAGONE LIPUNAN NE CRAME$	INC.	
EE OVRGE EE WITH FC	INV DOB Invalid Date of Birth INV DOE Invalid Date of Employment INV SSN Date of Birth is a Future S	DOB INT DOE - Late of Einth interchanged NAME DNM - Name does not match so with Date of Employment Date of Brith & Date of Brith & Date of DNM - Date of brith does not match so DoB DNM - Date of brith does not match so D	No Monthly Compensation NOT COV - No Position/Nature of Work	NO DOB - No Date of Birth MC LESS 1K - NO DOE - No Date of Employment	OF NO SSN - No SS Number DOE FD - Date of Employment is a														1 24, MD NO HR OFFICER	P 40, 1707.00 MANASING DIRECTOR	PARATION MONTHLY POSITION FOR SSS USE			ME QUEZON CITY PROVINCE ZIP CODE	Household Z Initial	TYPE OF EMPLOYER TYPE OF REPORT