



Republic of the Philippines  
Social Security System

**SPECIMEN SIGNATURE CARD**

SSS Form L-501 (07-94)

Registered Employer Name (Print in full)	ID 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 & official capacity of person granting authority: (Please sign over printed name.)	Date authority granted:
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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 Social Security System.
2. Any signature in the space for "Employer's Representative" in salary, calamity, SILP, special educational loan for vocational and technical application forms shall not be honored unless signatures appear in this form and filed with the Social Security System.
3. The SSS should be notified of any change/revocation or addition in authorized representative thru the submission of a new specimen signature card to replace or supplement that on file with SSS.
4. The registered name, ID number and address of the employer should be correctly indicated in this form.