

CREDIT INFORMATION CORPORATION
BILLING AND COLLECTION

ACTION REQUEST FORM

DATE:
NAME OF ACCESSING ENTITY: **Shinhan Bank - Manila Branch**
ACCOUNT NUMBER: **101705000038**

TYPE OF REQUEST

☐ Increase/Decrease in Access Limit

☐ Increase/Decrease in Advance Payment

☐ Reactivation

☐ Deactivation

☐ Reconciliation of Account

☐ Billing Dispute

☐ Update of Billing and Collection Point Person (BCPP)

Name:

E-mail Address:

Telephone No.

☐ Other Concern(s):

from: _____ to: _____

from: _____ to: _____

Requested By:

FOR CIC'S USE ONLY

| | | |
|-------------------------------------|-----------------------|--|
| Processed By: _____ | Reviewed By: _____ | Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> |
| Date: _____ | Date: _____ | By: _____ Date: _____ |
| Remarks: _____ _____ _____ | | |