

Annex "B-1"

ACTION REQUEST FORM

ACCOUNT NUMBER: **302003000225**

TYPE OF REQUEST	
<input type="checkbox"/>	Increase/Decrease in Access Limit
<input type="checkbox"/>	Increase/Decrease in Advance Payment
<input type="checkbox"/>	Reactivation
<input type="checkbox"/>	Deactivation
<input type="checkbox"/>	Reconciliation of Account
<input type="checkbox"/>	Billing Dispute
<input type="checkbox"/>	Update of Billing and Collection Point Person (BCPP)
Name: _____	
E-mail Address: _____	
Telephone No. _____	
<input type="checkbox"/>	Other Concern(s): _____

FOR CIC'S USE ONLY		
Processed By: _____	Reviewed By: _____	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Date: _____	Date: _____	By: _____ Date: _____
Remarks: _____		