

**MEMORANDUM OF AGREEMENT BETWEEN THE CREDIT INFORMATION CORPORATION  
AND ACCESSING ENTITY**

## ***Annex "B-1"***

**CREDIT INFORMATION CORPORATION  
BILLING AND COLLECTION**

## ACTION REQUEST FORM

DATE:

NAME OF ACCESSING ENTITY: Rural Bank of Compostela (Davao del Norte), Inc.

ACCOUNT NUMBER: **301705000105**

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): _____

Requested By:

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