|  |  |  |  |
| --- | --- | --- | --- |
| **PAYMENT INFORMATION SHEET** | | | |
| **Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Vendor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Vendor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Official Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Payment Mode: ( ) Pick-up ( ) Bank Deposit** | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NBU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **COLLECTOR’S INFORMATION** | | | |
| **Collector’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Recent 2x2 Picture** |
| **Collection Agency** | | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Collector’s Signature Over Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **E-COUNTERING REPRESENTATIVE INFORMATION** | | | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-countering Representative’s Signature Over Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **BANK DETAILS** | | | |
| **Name: Phone No.:**  **Address: Fax No/s.:**  **Contact Person: Designation:**  **Account Name: Account Type and No.:**  **Currency: ( ) Peso ( ) US Dollar ( ) Others Swift Code:** | | | |
| **GUIDELINES AND CONDITIONS** | | | |
| **FOR COLLECTOR:**   1. Accomplish one form per business unit and per collector and attach recent 2x2 picture. 2. Fill up Collector’s Information section for collection pick-up and the Bank Details section for collection bank deposit. 3. There will be no release of payment until this form is approved. 4. We will only allow registered collection agency to claim your collection. For outsourced collection activity, please furnish the following documents between/of the agency (the contract/MOA and business permit should be updated upon expiration of the existing documents).   a) Contract/MOA b) BIR Registration/TIN Card c) Business Permit d) SEC Registration and Articles of Incorporation (Corporation)   1. If the collector is no longer connected with company vendor or the contract with the agency expires, a written notification must be sent. The business unit will not be liable for any damages/losses that would result for the release due to non-notification of the same. 2. New form shall be filled-up for any changes in collection information/details.   **FOR E-COUNTERING REPRESENTATIVE:**   1. Electronic Countering System shall be only used for the sole purpose of countering receipts supplied to NCCC Business Units online. 2. There will be no authorization for countering unless this form is approved. 3. Only registered E-countering representatives shall be allowed to counter collections. 4. Password must be kept confidential and is the sole responsibility of the user. 5. If the E-countering representative is no longer connected with company vendor, a written notification must be sent. The business unit will not be liable for any damages/losses that would result for the authorization due to non-notification of the same. 6. New form shall be filled-up for any changes in counter information/details. 7. Every year, the account will be reset to comply with yearly update of vendor accreditation. | | | |
| **VENDOR CERTIFICATION** | | | |
| This is to certify that the above e-countering authorized representative and collector is authorized to transact, based on their functions, countering receipts and collection of payments on our behalf and have agreed with the Guidelines and Conditions set forth herein.  This is to certify that collection for our account will be deposited to the above bank details as applicable and have agreed with the guidelines and conditions set forth herein.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature Over Printed Name/ Designation/ Date Signature Over Printed Name/ Designation/ Date | | | |
| **NBU APPROVAL** | **ACCOUNTING SERVICES** | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Signature Over Printed Name) | PIS Scanned and Emailed to Treasury by:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Signature Over Printed Name) | | |