

Date _____

REQUEST FOR CERTIFICATION

(You may send this completed form either by mail, fax, or scanned email to COL Financial's Operations Dept. shown above)

I/We would like to request COL Financial for the following certification/s listed below as authenticated by my signature. I/we understand that certification requests may be processed in one or two business days after COL receives this request.

Type of Certification Request (please check):	Processing Fee
<input type="checkbox"/> Visa Application - Specify the following details:	Php100
Country and name of Embassy:	
Address of Embassy:	
<input type="checkbox"/> General Purpose (except VISA application) – Specify Reason:	Php100
<input type="checkbox"/> Certified true copies of ledgers – Specify Period:	Php100 per month
For joint account/s, please indicate the name of the person to appear as the requester in the certification.	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	

Delivery Method (choose one):		
<input type="checkbox"/> Pick up at the COL business center: 2403-B East Tower, PSE Centre, Exchange Road, Ortigas Center, Pasig, Phil.		
<input type="checkbox"/> Scan and email to my registered e-mail		
<input type="checkbox"/> Mail courier to be sent to the address below:		
No. & Street	Building/Subdivision	Town/District
City/Province	Postal/Zip Code	Country

I authorize COL Financial to debit my COL account for courier charges: (COL shall not be responsible for any delay that may be caused by the courier)

- Local charges: Php200
- International charges would vary depending on weight and location

Processing Fee:

A charge of Php100 will be debited from your COL Account for every requested certification. COL reserves the right to hold delivery of certifications until accounts are aptly funded for payment.

Primary Account Holder's Signature over Printed Name _____ COL Account No.: _____ - _____

Email Address: _____

Secondary Account Holder's Signature over Printed Name _____ Contact No.: _____

AUTHORIZATION FOR REPRESENTATIVE

I/We hereby authorize my/our representative whose printed name and specimen signature appears below, to pick-up the certification(s) on my/our behalf.

Representative's Printed Name _____

Representative's Specimen Signature _____

Customer's Signature _____

Note: Valid Identification from both customer and his representative is required.