



RESETTING OF CCCS ADMINISTRATOR PASSWORD REQUEST FORM

Form No. 001

Attention: Rhose Ojo
Fax Number: 8848-6616/8848-6626

Date: _____
Tel No.: 8876-4503/8876-4504
8876-4514/8876-4515

Broker Name:	_____	Broker Code:	_____
E-mail Address:	_____	Tel No.:	_____
Reason for Request: _____ _____ _____			
CCCS Module: <input type="checkbox"/> CSD <input type="checkbox"/> CCH			
Requested By: _____		Approved By: _____	
Sign Over Printed Name (Administrator)	_____	Sign Over Printed Name (Administrator)	_____
		Tel No.	_____

****New Assigned PIN CODE/s will be sent to the e-mail address indicated above***

For SCCP Personnel Only			
PIN CODE/s:	CSD: _____	CCH: _____	
Reset By:	_____	_____	
E-mail Sent By:	_____	_____	
Verified By:	_____	_____	

SCCP will collect, record, store, use, disclose, and process your personal information consisting of name, signature, and telephone number for the purpose of this request to reset CCCS administrator password and for purposes relevant or incidental thereto. Said personal information will be retained for a period of 10 years, and afterwards it will be safely destroyed. You have the rights under the Data Privacy Act such as the rights to be informed, access, correct, object, withdraw, erasure or block, data portability, file complaint, and damages. You should be aware that there are risks in the processing of your personal information and for safeguards to protect it, kindly read our Privacy Policy at www.sccp.com.ph or contact our Data Protection Officer at dataprivacy@sccp.com.ph to exercise your right or for any concern.