



SECURITY TRANSFER REQUEST FORM

Form No. 002

Attention: Rhose Ojo / Sheena Carabio

Date: _____

Fax Number: 8848-6616/8848-6626

Tel No.: 8876-4503/8876-4507

8848-6621/8848-6612

Broker Name: _____

Broker Code: _____

E-mail Address: _____

Tel No.: _____

Reason for Request:

Source Account

Target Account

Stock Code

No. of Shares

(Please indicate flag)

(Please indicate flag)

Requested By: _____

Approved By: _____

Sign Over Printed Name

Sign Over Printed Name

**Please perform a Balance Inquiry in the CCCS to check if your request has already been executed.*

For SCCP Personnel Only

Transferred By : _____

Date/Time: _____

Authorized By : _____

Date/Time: _____

SCCP will collect, record, store, use, disclose, and process your personal information consisting of name, and signature for the purpose of this security transfer request 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 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.