

## **RESETTING OFCCCS ADMINISTRATOR PASSWORD REQUEST FORM**

						Form No. 001
Attention:	R	Rhose Ojo			Date:	
Fax Number:	8	348-6616/848-6626			Tel No.:	876-4503/876-4504
						876-4514/876-4515
Broker Name:					Broker Code:	
E-mail Address:					Tel No.:	
Reason for Request:						
-						
-						
CCCS Module:	r	<b>—</b>				
		CSD		ССН		
Requested By:				Approved By:		
Sign Over Printed Name				Sign Over Printed Nar		Tel No.
(Administrator)				(Administ	rator)	
*New Assigned PIN CODE/s will be sent to the e-mail address indicated above						
For SCCP Personnel Only						
PIN CODE/s:	CSD:			·	ССН:	
Reset By:						
E-mail Sent By:						
Verified By:						
		, ,				
						nd telephone number for the personal information will be
						cy Act such as the rights to 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.