

Form No. 001

C&S SYSTEM USERS AND CM REPORTS PORTAL USER ADMINISTRATOR RESETTING REQUEST FORM

ttention : Operations/R	MM Group	Date :	
ax Number : 8848-6616 / 8 mail Address : sccp@sccp.c		Tel. No. :	8876-4503 / 8876-4504 / 8876-4514 / 8876-4515
BROKER NAME :			BROKER CODE:
C&S SYSTEM			TS PORTAL
User ID	Email Address	User ID: ADMINISTRATOR Email Address:	
REASON FOR REQUEST:			
REQUESTED BY:		APPROVED BY:	
SIGN OVER PRINTED NAME		SIGN OVER PRINT	TED NAME TEL. NO.
*Default Password will be sent t	o the e- mail address in	dicated above.	
	For SCCP Persor	nnel Only	

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.