



SECURITIES
CLEARING CORPORATION
OF THE PHILIPPINES

SECURITY TRANSFER REQUEST FORM

Form No. 002

Attention: Rhose Ojo / Sheena Carabio Date: _____
 Fax Number: 848-6616/848-6626 Tel No.: 876-4503/876-4507
 848-6621/848-6612

Broker Name: _____ Broker Code: _____
 E-mail Address: _____ Tel No.: _____

Reason for Request: _____

Source Account (Please indicate flag)	Target Account (Please indicate flag)	Stock Code	No. of Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.