

For	:	All Clearing Members
-----	---	----------------------

Date : 11 April 2023

Subject : Request for User Resetting for the New C&S System and the CM Reports Portal

Please be advised that effective April 17, 2023, SCCP will execute requests for resetting of the users of the New C&S System and the Administrator user of the CM Reports Portal only upon our receipt of the duly accomplished Request Form, a sample of which is attached. The Request Form should be signed not only by the user requesting for the resetting of his/her user account, but also by the authorized signatory(ies). You may send your Request Form to us via fax or email. We trust that you appreciate that it is our objective to ensure that SCCP honors only duly-authorized requests for resetting of user accounts in order to prevent any unauthorized transactions.

Upon our receipt of your Request Form, any of the following SCCP personnel will call back your Authorized Signatory to verify the authenticity of such request:

- 1. Renee Rubio
- 2. Rhose Ojo
- 3. Myrna Lacar

Should you have questions on the above matter, please do not hesitate to call up the undersigned at 8876-4501, or email me at rdrubio@sccp.com.ph.

Thank you.

(ORIGINAL SIGNED) Renee D. Rubio Chief Operating Officer

> 6/F PSE Tower, 5<sup>th</sup> Avenue corner 28<sup>th</sup> Street, Bonifacio Global City, Taguig City, Philippines Tel (632) 8876-4500 • Fax (632) 8848-6626 or (632) 8848-6616 • E-mail sccp@sccp.com.ph



Form No. 001

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

	ions/RMM Group_ 616 / 8848-6626 sccp.com.ph	Date : Tel. No. :	8876-4503 / 8876-4504 / 8876-4514 / 8876-4515	
BROKER NAME : E-MAIL ADDRESS:			BROKER CODE: TEL. NO.:	
C&S SYSTEM		M REPORTS PORT		
REASON FOR REQUEST:				
REQUESTED BY:		APPROVED BY:		
SIGN OVER PRINTED NAME (ADMINISTRATOR)		SIGN OVER PRINTED NAME TEL. NO. (AUTHORIZED SIGNATORY)		
*Default Password will be so	ent to the e- mail address ind			
Initial password :	For SCCP Personn	el Only		
Reset by : E-Mail Sent by :		Date/Time: Date/Time: Date/Time:		
			ting of name, signature, and telephone	

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.