

Date: \_\_\_\_\_

**REQUEST FOR CERTIFICATION**

(You may send this completed form either by mail, fax, or scanned email to COL Financial's Operations Dept. shown above)

I/We would like to request COL Financial for the following certification/s listed below as authenticated by my signature. I/we understand that certification requests may be processed in one or two business days after COL receives this request.

Type of Certification Request (please check):	Processing Fee
<input type="checkbox"/> Visa Application - Specify the following details: Country and name of Embassy:	Php100
Complete Address of Embassy: (This will be indicated in the certification)	
<input type="checkbox"/> General Purpose (except for VISA application) – Specify Reason:	Php100
<input type="checkbox"/> Certified true copies of monthly ledgers – Specify Month/s & Year/s:	Php100 per month

Requestor (choose only one)
For joint account/s, please indicate the name of the person to appear as the requester in the certification. <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both
Note: If the chosen requestor is BOTH, two (2) certifications will be made. One for the primary and one for the secondary account holder. The processing fee will be P200.00

Delivery Method (choose only one):						
<input type="checkbox"/> Pick up at the COL business center: 2403-B East Tower, PSE Centre, Exchange Road, Ortigas Center, Pasig, Phil.						
<input type="checkbox"/> Scan and email to my registered e-mail						
<input type="checkbox"/> Mail Courier to be sent to the address below:						
<table border="1"> <tr> <td>No. &amp; Street</td> <td>Building/Subdivision</td> <td>Town/District</td> </tr> <tr> <td>City/Province</td> <td>Postal/Zip Code</td> <td>Country</td> </tr> </table>	No. & Street	Building/Subdivision	Town/District	City/Province	Postal/Zip Code	Country
No. & Street	Building/Subdivision	Town/District				
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I authorize COL Financial to debit my COL account for courier charges: (COL shall not be responsible for any delay that may be caused by the courier)

- Local charges: Php200
- International charges would vary depending on weight and location

**Important Note:**

The total fees will be debited from your COL Account for every requested certification. COL reserves the right to hold delivery of certifications until accounts are aptly funded for payment. Original certifications not picked up or couriered to the account holder will be disposed of after 3 months.

_____	COL Account No.: _____ - _____
Primary Account Holder's Signature over Printed Name	
	Email Address: _____
_____	Contact No.: _____
Secondary Account Holder's Signature over Printed Name	

**AUTHORIZATION FOR REPRESENTATIVE**

I/We hereby authorize my/our representative whose printed name and specimen signature appears below, to pick-up the certificate(s) on my/our behalf.

_____	_____	_____
Representative's Printed Name	Representative's Specimen Signature	Customer's Signature

Note: Valid Identification from both customer and his representative is required.