

REQUEST FOR TRANSFER OF BALANCE FORM

Date: _____

I, _____, would like to request for a transfer of my remaining balance from **Account Number 5200-** _____ and **Tag Serial Number** _____ to the **Account of** _____ with **Account Number 5200-** _____ due to:

- Defective tag beyond warranty. (Client availed a new tag.)
- Damaged tag.
- Lost OR stolen tag. (Please provide copy of your ID and affidavit of loss or police report or incident report as stated in ESC Terms & Conditions item 3.6)
- Other reasons (please specify) _____

This is to further certify that I am the owner of the two (2) accounts mentioned above.

Thank you.

Customer's Signature

Contact Number

E-mail Address

Requirements:

- ✓ Photocopy of Valid ID
- ✓ Authorization letter (if needed)
- ✓ Processing time 3-5 working days

Note: INCOMPLETELY FILLED OUT FORMS WILL NOT BE PROCESSED.

For CIC SA / ESC-POS use only:

RECEIVED BY: _____
DATE: _____

LOCATION: _____

VALIDITY DATE: _____
RECEIVED TAG? YES/NO: _____

BALANCE: PHP _____

For ESC Head Office use only:

EC Tag Migrated Account **Easytrip Account**

APPROVED AMOUNT: _____
APPROVED BY _____
DATE: _____
SURRENDERED TAG? _____ Date: _____

FOR CLOSING

FOR DM: _____ **FOR CM:** _____

OTHER REMARKS: _____