

COLLEGE ASSURANCE PLAN PHILS., INC.
Contract Services Administration

REQUEST FOR TRANSFER OF CHECK

Subscriber : _____
Nominee : _____
SFA A/C NO : _____
CFP NO. : _____
Contact No. : _____

This is to request for the transfer of this check from _____
to _____.

I hereby certify that all the above details are true and correct and any erroneous or untruthful statement shall not subject CAP to any liability whatsoever for any consequences arising therefrom.

Signed this ____ day of _____ 2022 at _____.

Name and Signature of the Subscriber/Nominee

(Please allow three-four weeks for your request to be processed and the check delivered to the CAP Office that you have identified.)

Received by:

Date Received:

Approved by:

Name and Signature of Staff

Name and Signature of
Team Leader

Accomplish this in DUPLICATE:

- 1 copy to HO CSA
- 1 copy for Servicing Office file