

PHILIPPINE DEPOSIT INSURANCE CORPORATION

Makati City

INFORMATION SHEET

Name of Courier Company _____
Address _____
Telephone No. _____
Name and Position of Authorized Representative _____

I. TRACK RECORD

1. Date established _____

2. No. of Years in Courier Industry 3 years 4 - 5 years 6 - 10 years more than 10 years

3. Nature/Type of Valuable Document Delivered _____

4. No. of Branches

Metro Manila/NCR	_____	branches
Luzon	_____	branches
Visayas	_____	branches
Mindanao	_____	branches
International Destinations	_____	branches

5. No. of days delivery and Service Areas Covered (Please use separate sheet if necessary)

within one (1) calendar day _____

within one (1) to two (2) calendar days _____

within two (2) to six (6) calendar days _____

II. SERVICES

1. With door-to-door delivery service Yes No

2. With proof of delivery/acknowledgement receipt? Yes No

3. With online document tracking system? Yes No
(Please attach description of tracking system)

This is to certify that the above information are true and correct

Signature Over Printed Name of Authorized Representative