

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

To: **BANK OF THE PHILIPPINE ISLANDS**  
Loan Maintenance and Certifications Unit  
Customer Care and Services Department  
Loan Services and Recovery Division  
Paseo de Roxas corner Dela Rosa Streets, Makati City

Re: Loan Account No. \_\_\_\_\_

This is to authorize the Bank to update my records and send future correspondences to my updated contact information, as follows:

**Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number/s**

Residence \_\_\_\_\_ Office/Business

\_\_\_\_\_

Mobile/Cellphone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Very truly yours,

\_\_\_\_\_  
(Signature over printed name)  
**Borrower/s**

**Note:** Please include the ff. requirements upon submission of this form

- 1 Valid ID
- Proof of billing (for change in mailing address)