

Date: _____

The Revenue District Officer
Revenue District Office No. _____

Sir/Madam:

In compliance with your requirements on the enrollment with the eAccReg system, below is our designated authorized user of such system:

USERNAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
EMAIL ADDRESS: _____

USERNAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
EMAIL ADDRESS: _____

For your information and reference.

Very truly yours,

Signature over printed name President/Owner of
Company

Company Name: _____
TIN#: _____
Address: _____
Tel No.: _____

SUBSCRIBED AND SWORN to before me this ____ day of ____, 20 ____ at _____, affiant exhibiting to me his/her CCT No./Driver's License No./Valid ID No. _____ issued at _____ on _____.

NOTARY PUBLIC

DOC NO. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF. _____