

REQUEST FOR REFUND

DATE: _____

SUBDIVISION:	BLOCK:	LOT:
OWNER'S NAME:	CONTACT NUMBER:	

Sir / Ma'am:

I am requesting the refund of my construction bond covered by O.R. Number: _____.
 My construction has been completed and the site has been inspected by your engineer as shown by his approval hereunder.

Your immediate response will be greatly appreciated.

 (BUYER / HOMEOWNER)

NOTE: Please present inspection slip signed by the site engineer.

TO BE FILLED - OUT BY CCD STAFF

REQUEST FOR REFUND NO.: _____

BUILDER'S CASH BOND

AMOUNT PAID:	Php	_____
Less: CHARGES:	Php	_____
PROCESSING FEE:	Php	_____
RESTORATION COST:	Php	_____

REFUNDABLE (PAYABLE): **Php** _____

Processed by:

Approved by:

 (signature over printed name)

 Head, Customer Care Department



*Please present this claim stub and (1) valid ID upon claiming of construction bond refund.
 For representative please bring your SPA copy or Authorization.*

SUBDIVISION:	BLOCK:	LOT:
OWNER'S NAME:		

AMOUNT OF REFUND : **Php** _____

For Follow-up: Call: _____ After **7-10** days

Look for: _____ of Finance Department

Claiming of refund is every Monday to Friday; from 10:00 AM to 5:00 PM only.