

*Request for becoming office administrator*

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*Have access to Managerial Reports & Past  
Dated PNRs through e-services*

AGENCY NAME: .....

ADDRESS: .....

TELEPHONE: ..... FAX: .....

Full Name of the person appointed as the office administrator:

.....

PCC: .....

Agents ID (Sign in A): .....

The request is approved by:

Full name: .....

Title: .....

Signature: .....

Please sign and stamp above