



SBDMC, INC.

Document Code: ITD-RVF

Revision Code: 03

Issue Date: 3/9/22

RFID VEHICLE PASS APPLICATION FORM

Use black ink and write legibly

Form No. 20 _____

Name of Company

Business Address	Business Tel. No.
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Registered Owner

Last Name:	First Name:	Middle Name:
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Owner's Address _____

Mobile No.	Email Address:
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Vehicle Details

Vehicle License Plate No.	Vehicle Color:
OR Number:	CR Number:

Brand Model:	Year Model:
Vehicle Type:	

Engine No. (Motorcycle Only)	Chassis No. (Motorcycle Only)
Signature of Applicant:	

Date of Application:	
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Pass Type

<input type="checkbox"/> SBGP Employee	Taxi: <input type="checkbox"/> Group
<input type="checkbox"/> SBGP Locator	<input type="checkbox"/> Individual
<input type="checkbox"/> SBGP Sub-lessee	
<input type="checkbox"/> SBMA	<input type="checkbox"/> Complimentary
<input type="checkbox"/> Gate Passer	Reason: _____

Amount Paid:

Php _____

Application Type

New	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Replacement	<input type="checkbox"/>

RFID Stickers are Non-Transferrable and Non-Refundable / Lost or Damaged Stickers P 300.00

PRIVACY NOTICE

Information Collection, Use, and Sharing

We only have access to / collect information that you voluntarily give us. We will not sell or rent this information to anyone. We will not share your information with any third party outside of our organization unless required by law or competent authority.

Your Access to and Control Over Information

You may opt out of any future contacts from us at any time. You can do the following at any time by contacting us via the email address or phone number below.

- See what data we have about you, if any.

- Change/correct any data we have about you.
- Have us delete any data we have about you.
- Express any concern you have about our use of your data.

Security

We take precautions to protect your information. Only employees who need the information to perform a specific job (for example, billing or customer service) are granted access to personally identifiable information. The computers/servers in which we store personally identifiable information are kept in a secure environment.

If you feel that we are not abiding by this privacy policy, you should contact us immediately via telephone at 252-3456 or email: isd@sbdmc.com.

Investment Services Department

Checked by:	Signature:	OR Number:
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ITD Department

ACM NO.	Date Issued:	Expiry Date:	<input type="checkbox"/> With Warranty <input type="checkbox"/> Without Warranty	Signature:
Remarks:				

