MEMORANDUM ORDER NO. 2015-007

TO : PEZA-Accredited Customs Broker/Forwarders
     Economic Zone Export-Producers and IT Enterprises
     PEZA Finance Group and Cashier
     PEZA Zone Administrators, Managers, OICs and Collection Officers
     PEZA MIS Department Head and Personnel

FROM : Director General LILIA B. DE LIMA

DATE : May 14, 2015

SUBJECT : Guidelines on Transfer of Funds on PEZA's Pre-Payment Account (PPA) Facilities

It has been observed that numerous requests were received by the Agency on transfer of funds from one account to another due to incorrect VASP used or pre-payment account or type of PPA. These transfers may result to mispostings and errors.

For proper monitoring and accounting of fund, please be advised that starting June 1, 2015, all requests for transfer of funds will not be accommodated.

For proper lodging of payment and easy validation, client should fill out the attached form with the following details when making deposits:

   a. VASP (Ekonek, Intercommerce Network Services or Apollo Technologies System, Inc.)
   b. Pre-Payment Account (Export or Import)
   c. Type of Pre-Payment (One to One or Universal)
   d. Account Name: (Broker and Locator)

For strict compliance of all concerned.

PEZA - DTS

1419-2015-00113
ADVANCE PAYMENT FORM

PAYOR: _____________________________
DATE: _____________________________

A. PRE-PAYMENT ACCOUNT
☐ AUTO IP (IMPORT)
☐ AEDS (EXPORT)

B. VASP
☐ 1. EKONEK
   ☐ Single (One to One)
      Acct Name/Owner ___________________
   ☐ Universal
      Acct Name/Owner ___________________

☐ 2. INTERCOMMERCE (INS)
   ☐ Single (One to One)
      Broker Name: ___________________
      Locator Name: ___________________
   ☐ Universal
      Acct Holder: ___________________

☐ 3. APOLLO / CDEC
   ☐ Single (One to One)
      Broker Name: ___________________
      Locator Name: ___________________
   ☐ Universal
      Acct Holder: ___________________

Requested by:

________________________________________
Signature over Printed Name

For PEZA Personnel

OR No. ______________________________
Amount ______________________________
Tnx No. ______________________________