NAME OF LENDING INSTITUTION

ADDRESS

CONTACT NUMBER

**AUTHORIZATION LETTER**

This is to authorize **PHILGUARANTEE-AGG** to secure relevant credit information from **(Name of Creditor-Branch)** or any and all other creditors in connection with our request for the establishment/re-establishment/renewal of AGFP guarantee line.

Issued this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Authorized Signatory** Position