IC Online Submission Systems

**(Authorized User Account Enrollment Form)**

1. *Type of Request:*

 New User Account

 Deactivate Account

 Reactivate Account

1. *Authorized User Details*

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Company Email Address |  |
| Which IC Divisions are you assigned to submit requirements using the Online Submission System? | *(Please indicate if Non-Life Division, Rating Division, etc.)* |
| Signature over printed name |  |

|  |
| --- |
| **CONFORME:** |
| The above-enumerated details is the duly authorized action officer / personnel in relation to transactions with the Insurance Commission (IC) on matters pertaining to the IC Online Submission Systems. **It is my responsibility to immediately inform IC, by filing the necessary information, on eventuality of any change and/or modification covering this form, including amendment/s to any of the information.** |
| *Printed Name and Signature of Authorized Immediate Supervisor, or Manager.**(please indicate your position below the line):* |