



**BANGKO SENTRAL NG PILIPINAS**

**PAYMENTS AND SETTLEMENTS OFFICE**

***PhilPaSS***

**COB Manual Settlement Form**

**Name of Bank** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**To** : **BSP Payments and Settlements Office (Fax Number: 708-7539/41)**

**Date** : dd mmm yyyy \_\_\_\_\_

**Settlement Date (DR/CR):** \_\_\_\_\_

**Settlement Amount** : **PhP** \_\_\_\_\_ **Priority Code** \_\_\_\_\_

**Amount in Words** : ( \_\_\_\_\_ )

**Paying/Instructing Bank** : \_\_\_\_\_

**Receiving Bank** : \_\_\_\_\_

**Nature of transaction** : \_\_\_\_\_

**Bank Reference No.** : \_\_\_\_\_

In accordance with Section 8 of the Rules and Regulation Governing the *PhilPaSS*, we confirm the above transaction and authorize yourselves to debit our DDA and credit the Receiving Bank's DDA for the amount indicated.

By order of:

\_\_\_\_\_  
Authorized Signature (Paying Bank)  
Printed Name and Designation

\_\_\_\_\_  
Authorized Signature (Paying Bank)  
Printed Name and Designation

For BSP - Payments and Settlements Office Use Only	
Action Taken	Remarks
<input type="checkbox"/> Instruction executed	Reason for rejection: <input type="checkbox"/> Insufficient balance in DDA #2 <input type="checkbox"/> Others _____
<input type="checkbox"/> Instruction rejected	
_____ Authorized Signature(s) Printed Name and Designation	

**Important Note:** BSP - Payments and Settlements Office to confirm action taken to instructing bank by return fax.