

	Value Care Health Systems, Inc.	Document code: ACC-F02	Page No. 1
	Progress Report	Effectivity Date: May 29, 2021	Revision No. 0

COMPANY NAME : _____
ADDRESS : _____
FRANCHISE EXPIRY DATE : _____
FRANCHISE HOLDER : _____
CONTACT PERSON : _____
POSITION : _____

REASON FOR REQUEST FOR EXTENSION:

ATTACHMENTS:

- Letter/Email from prospective account
- Contract Extension from prospective account's current provider

SIGNATURE OF ACCOUNT MANAGER

ACTION TAKEN:

- Approved
- Disapproved

BY: _____
SALES SECTION HEAD/MANAGER

REQUEST FOR EXTENSION OF FRANCHISE			
_____ COMPANY NAME			
DATE OF EXPIRY :	_____	FRANCHISE HOLDER :	_____
		FRANCHISE HOLDER CODE:	_____
<input type="checkbox"/>	APPROVED	EFFECTIVITY DATE :	_____
<input type="checkbox"/>	DISAPPROVED	EXPIRY DATE :	_____
		REMARKS :	_____
PROCESSED BY :	_____	DATE / TIME :	_____
APPROVED BY :	_____	DATE / TIME :	_____