SOLYSAL CORPORATION

CLAIM FORM FOR BOOKS

Please print, fill out, sign, and present this form to the assigned attendant to claim the BOOKS you purchased.

This is to acknowledge that I received the **BOOKS**
for School Year 2021-2022 of:

Name of Student: _____
SURNAME GIVEN NAME

Grade Level: _____

Claimed by: _____
SURNAME GIVEN NAME

Signature: _____ Relation to the Student: _____

Date: _____ Time: _____

Note: SOLYSAL CORPORATION is committed to protect and uphold the privacy of its customers. Personal information collected by SOLYSAL shall solely be for documentation purposes and strictly handled by SOLYSAL's authorized personnel.

Ground Floor, Canteen, Saint Pedro Poveda College, EDSA corner P. Poveda St.,
Brgy. Ugong Norte, Quezon City, Metro Manila 1100
Mobile No.: 09452975264/09486253123 **Telephone No.:** 8-768332 loc. 193