**ANNEX D. BTr Transmittal Letter of Approval**

DD MONTH YEAR

**NAME OF ADDRESSEE**

Agency

Address

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_:

Greetings from BTr Regional Office \_\_\_.

This is to inform you that your request for authority to open a <type of account> with the <Bank/Bank Branch> has been approved by this office after having satisfactorily complied with all the requirements under Treasury Circular No. \_\_-2025, issued pursuant to Executive Orders No. 449 and 55, and Bangko Sentral ng Pilipinas (BSP) Circular No. 811.

Please be advised that the authority given hereof shall only be valid for **six (6) months** from the date of receipt by your Agency of the duly approved BTr Form 1.

Further, please return the same BTr Form 1 within five (5) days upon opening of the aforementioned bank account, complete with the required annotations from the AGDB/AGSB Branch. The BTr reserves the right to recall the authority to open accounts in the event of failure to return the AGDB/AGSB-accomplished BTr Form 1 within the prescribed period.

Lastly, please submit a quarterly report to the concerned BTr Regional/Provincial/ District Office of accounts maintained, opened and closed on or before the 10th day of the ensuing month following the reference quarter using the [Quarterly Report on Inventory of Accounts (Agency Report)](https://docs.google.com/spreadsheets/d/1wYht-yC02kUFZR9_sPml_lQH5VYN4aQH/edit?usp=sharing&ouid=113693871089067077652&rtpof=true&sd=true).

For your proper guidance and compliance hereof.

Thank you.

Very truly yours,

**NAME OF REGIONAL DIRECTOR**

Regional Director

Attention:

The Branch Manager

Name of AGDB/AGSB

Name of AGDB/AGSB Branch

Address