March 8, 2021

**NAME**

Designation

Company Name

Address

Dear Mr./Ms. **\_\_\_\_\_\_\_\_:**

This is to grant another two (2) months extension, from April 1, 2021 until **May 31, 2021,** on the validity of your entity’s Terms and Conditions of the APDS Accreditation (TCAA) under this Department’s Automatic Payroll Deduction System (APDS) program, with APDS Code No. \_\_\_\_\_**.**

The extension is granted to ensure continuity of your entity’s utilization of the DepEd’s APDS facility meantime that the APDS accreditation/re-accreditation guidelines are being reviewed, taking into consideration, among others, the inputs gathered from all private entities enrolled in the APDS Program as well as from DepEd field offices involved in the payroll processing.

It is understood that the extension granted shall still be subject to the same provisions stipulated in the TCAA.

Kindly acknowledge receipt hereof. Should you opt not to renew your entity’s APDS accreditation, please send us a letter expressly stating such a decision.

Thank you.

Sincerely yours,

**NAME**

Regional Director