

PCCX-INQ-010 (Rev. 05/2026)	PCCX BUSINESS RECORD - FOR COUNSEL / ACCOUNTING REVIEW AND EXECUTION	PCCX.AI				
PCCX	EXTERNAL INQUIRY FORM PCCX BUSINESS RECORD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold;">FILED / INDEXED</td> </tr> <tr> <td style="text-align: center;">DATE: _____</td> </tr> <tr> <td style="text-align: center;">PCCX RECORDS UNIT</td> </tr> <tr> <td style="text-align: center;">REC. NO. _____</td> </tr> </table>	FILED / INDEXED	DATE: _____	PCCX RECORDS UNIT	REC. NO. _____
FILED / INDEXED						
DATE: _____						
PCCX RECORDS UNIT						
REC. NO. _____						

PRIMARY INFORMATION		DOCKET / CONTROL INFORMATION	
Business:	PCCX Business (PCCX / pccx.ai)	Record No.:	PCCX-____-____-_____
Website:	https://pccx.ai	Matter No.:	_____
Contact:	contact@pccx.ai	Confidentiality:	<input type="checkbox"/> Public <input type="checkbox"/> Confidential <input type="checkbox"/> Privileged
Prepared By:	_____	Retention Class:	<input type="checkbox"/> 3Y <input type="checkbox"/> 5Y <input type="checkbox"/> 10Y <input type="checkbox"/> Permanent
Record Date:	___ / ___ / ____	Storage Location:	PCCX Business / _____
REQUESTER INFORMATION		INQUIRY CONTROL	
Name:	_____ _____	Inquiry Type:	<input type="checkbox"/> General <input type="checkbox"/> Legal/IP <input type="checkbox"/> Security <input type="checkbox"/> Billing <input type="checkbox"/> Sponsor <input type="checkbox"/> Evaluation
Organization:	_____	Requested Response:	<input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Written Quote <input type="checkbox"/> Other
Role / Title:	_____	Priority:	<input type="checkbox"/> Normal <input type="checkbox"/> Time-Sensitive
Email:	_____	NDA Requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	_____	Related URL:	_____
Country:	_____	Received By:	_____

INQUIRY CATEGORY

NO.	ITEM	RESPONSE
1	General information about PCCX	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
2	Technical evaluation or ProCore inquiry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
3	ASICKit / NRE inquiry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
4	Sponsorship	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
5	Legal/IP matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
6	Security report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
7	Billing / invoice matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____

INQUIRY STATEMENT

State the request clearly. Do not include secrets, credentials, private keys, customer data, or confidential model weights in this form.

PCCX INTAKE ROUTING

ROUTE TO	EMAIL ALIAS	ASSIGNED OWNER	DUE DATE	STATUS

EXECUTION / CERTIFICATION

By signing below, the signer certifies that the information provided in this record is complete and accurate to the best of the signer's knowledge, and that the signer has authority to execute this record in the stated capacity.

REQUESTER			
Signature	Printed Name	Title / Capacity	Date
Electronic signature / audit trail ID (if any): _____			
PCCX INTAKE REVIEWER			
Signature	Printed Name	Title / Capacity	Date
Electronic signature / audit trail ID (if any): _____			

EXTERNAL INQUIRY FORM - INSTRUCTIONS AND REVERSE SIDE

1. Public general inquiries may be sent to contact@pccx.ai.
2. Legal/IP inquiries should be routed to legal@pccx.ai.
3. Security reports should be routed to security@pccx.ai and should avoid secrets unless a secure channel has been arranged.
4. Billing and invoice matters should be routed to billing@pccx.ai.

EXECUTION / CERTIFICATION

PREPARER

Signature	Printed Name	Title / Capacity	Date

Electronic signature / audit trail ID (if any): _____

REVIEWER

Signature	Printed Name	Title / Capacity	Date

Electronic signature / audit trail ID (if any): _____