



**CORPORATE ANNUAL TRAVEL CARE INSURANCE APPLICATION FORM**

*Client information as mandated under the Phil. Anti-Money Laundering Act (AMLA) R.A No.10365 as amended.  
Complete information is required before a policy is issued.*

Business/Company Name:		
Business/Company Address:	Contact No.:	
	E-mail Address:	
Nature of Business:	TIN:	
Date of Incorporation:	Place of Registration:	
List of Directors/Partners:	List of Principal Stockholders Owning at least 2% of capital stock (or attach the latest General Information Sheet):	
Beneficial Owners, if any:		
Name of Authorized Representative:	Position:	Contact No.:
Form completed by:	Position:	Date:
<b><i>Please attach Articles of Incorporation/Partnership and By-Laws</i></b>		



Type of Plan		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Php1,000,000 <b>Gold</b>	Php2,000,000 <b>Diamond</b>	Php3,000,000 <b>Platinum</b>

Do you have an existing agent with BPI/MS?  None  Yes Agent's Name: \_\_\_\_\_

*Note: This Application, if approved, shall form part of and shall be the sole basis in issuing the Travel Personal Accident Insurance Policy. Any material fact concealed or misrepresented at the time this Application is accomplished, shall exempt the Insurer from any liability caused or brought about by such undisclosed or misrepresented material fact.*

*"I hereby authorize BPI/MS to inquire about and investigate all the declared information from whatever sources BPI/MS may consider appropriate and use any contact details to communicate to me for whatever purpose (such as customer satisfaction surveys, etc.)."*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Financial product/s of BPI/MS is/are not insured by the Philippine Deposit Insurance Corporation and is/are not guaranteed by the Bank of the Philippine Islands.***

**PAYMENT OPTIONS**

- Cash       BPI Debit Card       BPI Express Online       Credit Card

*Please refer to the Payment Facilities page for more details.*



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**To be accomplished by BPI personnel**

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**TRACKING FORM**

Client's RM No.:
Referrer's name:
Referrer's Employee No.:
Referring Branch code:
Referring Branch name:
Dealer's name: