

HOME CARE ADVANTAGE APPLICATION FORM - INDIVIDUAL CLIENT

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.

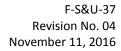
Complete Name:				Sex:
Complete Name.				☐ Male ☐ Female
au. I.	0. 11.61		5	
Citizenship:	Civil Status:		Date of Birth:	Place of Birth:
	☐ Single	☐ Married		
	☐ Separated	□ Widow		
Residence Address:			Telephone/Mobile	:/Fax No.:
			Email Address:	
SSS, GSIS, Driver's License	e or Passport No. (For I	Driver's License and Passport,	please indicate "Date of Ex	piry"): TIN:
Name of Business/Employ	yer:		Occupation/Design	nation:
Business/Employer Addre	ess:		Contact No.:	
			Fax No.:	
Nature of Business (If self	-employed):		1	
If unemployed, please sta	te source of funds:			
Name of Beneficiary/Rela	tionship, if applicable	5:		
Address of Beneficiary:				
Please check your prefer	red mailing address:	☐ Residence	e Address	☐ Business Address
PROPERTY DETAILS				
Address of Property to be	insured:			
Nearest Landmark:				
Properties to be insured		Age of building:	No.	of storeys/floors:
Amount of Insurance Appl	ied for:			
☐ Building Php		Period of Insurance		
☐ Contents Phn		From 4:00 PM of	to 4:00 PN	4 of



The roof is made of:		Houses	, Buildings or	Streets surrounding	g the prope	rty:
☐ GI Sheet ☐ Re	inforced Concrete		Occupancy	No. of Storeys	Roof	Exterior Walls
☐ Tegula ☐ Ot	thers, please specify:	Front				
	mers, preuse speemy.	Right Left				
_		Rear				
The exterior walls are m	nade of:					
☐ Concrete/Concrete			•	Hollow Blocks with		
☐ Timber Blocks		☐ Other	rs, please spec	ify:		=
Are you the:						
☐ Owner	☐ Lessee		☐ Part Ow	ner		
☐ Mortgagor	□ Contractor		\square Others,	olease specify:		
The property is mortgag	ged, or will be mortgage	d with:				
Do you have an existing	insurance?		Have you ha	d a fire loss in this	or other pre	emises?
□ None □ Ye	es, Insurance Company:		□ No	\square Yes, When?		
_			Nature of Lo	ss:		
Property Covered: B	Building Contents	5		roperty:		
	_		Insurance Co	ompany:		
* NOTE: In describing the	Surrounding Details, As	ssured sh	ould take the	position inside the	bldg. facing	its front area.
FAMILY MEMBERS TO BE		JP PERSC				
Name	Birthday		Relation	to Applicant	В	eneficiary
1.						
2.						
3.						
4.						
HOUSEHOLD HELP MEME	BERS TO BE COVERED UI	NDER GR	OUP PERSONA	L ACCIDENT (maxii	mum of 3)	
Name	Birthday		Relation	to Applicant	В	eneficiary
1.	=::::::::::::			1-1		/
2.						
3.						
Do you have an existing a	igent with BPI/MS? \Box I	None \square	Yes Agent	's Name:		
Note: This Application if						

Note: This Application, if approved, shall form part of and shall be the sole basis in issuing the Home Care Advantage 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
	BPI/MS is/are not insured by the Bank of the Philip	d by the Philippine Deposit Insurance Corporation and pine Islands.
PAYMENT OPTIONS		
☐ Cash	☐ BPI Debit Card Please refer to the Paymen	\square BPI Express Online \square Credit Card nt Facilities page for more details.
	To be accompli	shed by BPI personnel
		shed by Bri personner
	·	sinca by 511 personner
FRACKING FORM		sinca by 511 personner
TRACKING FORM Client's RM No.:	·	sinca by 51 i personner
		since by 51 1 personner
Client's RM No.:		sinca by 51 i personner
Client's RM No.: Referrer's name:		
Client's RM No.: Referrer's name: Referrer's Employee No.:		