

AGENT’S
APPLICATION FORM



PERSONAL DATA

| | | | | | | | | | |
|---------------------------------|--|-----------------|--|-----------------|--|---------------------------|---------------|--|--------------|
| Last Name: | | First Name: | | Middle Name: | | 1x1 photo of Applicant | | | |
| Name of Agency/Broker (if any): | | | | | | | | | |
| Mobile No.: | | Tel. No.: | | E-mail Address: | | | | | |
| Date of Birth: | | Place of Birth: | | Age: | | | Civil Status: | | Citizenship: |
| SSS No.: | | | | TIN No.: | | | | | |
| Residence: | | | | | | | | | |
| Business Address: | | | | | | | | | |
| Preferred Mailing Address: | | | | | | | | | |
| Provincial Address: | | | | | | | | | |

EMPLOYMENT DETAILS

| | | | | |
|--|----------------|-----------------|----------|-----------------|
| Insurance Company presently connected/affiliated with: | | | | |
| Company | Title/Position | Inclusive Dates | Tel. No. | Branch/Location |
| | | | | |
| | | | | |
| | | | | |

Do you have a Non-Life license? ☐ Yes ☐ No (If yes, please attach photocopy of the IC license.)

SCHOLASTIC DETAILS

| | | |
|---------------------------------|-----------------|----------------------|
| Name of Educational Institution | Inclusive Dates | Course Degree/Awards |
| Graduate/Post Graduate: | | |
| Tertiary: | | |
| Secondary: | | |
| Primary: | | |

EMERGENCY CONTACT DETAILS

| | | |
|------------------------|------------------|----------------|
| Name and Relationship: | Present Address: | Telephone No.: |
| | | Mobile No.: |

COMMISSION PAYMENT PREFERENCE

| | |
|--|---------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Bank Transfer to one of the following: <input type="checkbox"/> Metrobank (for Peso Account) <input type="checkbox"/> BDO (for Peso Account) <input type="checkbox"/> Other Banks: _____ | Account Name: |
| | Account No.: |
| | Branch: |

I declare that the answers and details indicated here in are true and correct.

Applicant’s signature over printed name

FOR PACIFIC CROSS USE ONLY

| | | |
|--|---|---|
| <input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Pls. specify: _____) | Product Training Dates: | Training Facilitator: |
| Application Received by: | Application Noted by: | Application Approved by: |
| Independent Advisors Specialist/ Entrepreneurial Channel Development Officer | Head - Independent Advisors Dept./ Entrepreneurial Channel Development Dept. | Territory Sales Manager, Channel Head & Division Head/Head of Distribution |
| Signature over printed name Date: _____ | Signature over printed name Date: _____ | Signature over printed name Date: _____ |