

CLIENT INFORMATION "KYC FORM" FOR INDIVIDUAL CLIENT		
<i>Client information as mandated under the Phil. Anti-Money Laundering Act (AMLA). Complete information required before a policy is issued</i>		
Complete Name (First Name, Middle Name, Surname)	Citizenship or Nationality	
Present Address		
Permanent Address		
Contact Nos.	TIN/SSS or GSIS No.	
E-mail address:		
Date of Birth	Place of Birth	Sex () Male () Female
Nature of Work	Name of Employer	
Nature of Self-Employment/Business		
Sources of Funds		
BENEFICIARY AND/OR BENEFICIAL OWNER, if applicable		
Complete Name: (First Name, Middle Name, Surname)	Citizenship or Nationality	
Relationship to the assured:		
Address		
Contact Nos.	TIN/SSS or GSIS No.	
Date of Birth	Place of Birth	Sex () Male () Female
Nature of work	Source of Funds	
Assured's Signature	Date	Policy No.
Identification documents validated against originals by (Attach copy of Identification documents)	Client ID No.	
Signature over Printed Name		

Data Privacy. Pursuant to the foregoing Application, I consent to the collection, use, processing and transfer of my personal data as described in this paragraph and in accordance with the Data Privacy Act of 2012 (R.A. 10173). I understand that the Company and/or its related companies hold certain personal information about me (including my name, address and telephone number, date of birth, social security number, tax identification number, etc.) for the purpose of processing my Insurance Cover. I also understand that the Company may transfer this Data amongst its related companies as necessary for the purpose of processing, administering and managing my Insurance Cover, and that the Company may also transfer this Data to any third party assisting the Company in the processing, administration and management of my insurance. I authorize them to receive, possess, use, retain and transfer the Data, in electronic or other form, for these purposes. I also understand that I may, at any time, review the Data, require any necessary changes to the Data or withdraw my consent in writing by contacting the Company. I further understand that withdrawing my consent may substantially affect my ability to further process and collect on my insurance. The full BPI/MS Privacy Policy can be found at www.bpims.com.