

AMENDMENT APPLICATION FORM

PLEASE PRINT IN BLOCK LETTERS

POLICY HOLDER'S DATA

FULL NAME

Last Name										First Name										Middle Name									

PERMANENT ADDRESS

Building Name and/or Number			Street			Barangay					
City/Town/Municipality						Province			Zip Code		

CONTACT DETAILS

Landline Number:
Mobile Number:
Email Address

PRODUCT

PRODUCT NAME:	POLICY NUMBER:
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PLEASE PUT A CHECK MARK TO INDICATE THE KIND OF AMENDMENT AND PROVIDE THE CORRESPONDING DETAILS

OPTIONS	DETAILS	REQUIREMENTS
<input type="checkbox"/> Change or Correction of Planholder's Name	New Name	<input type="checkbox"/> Marriage: Attached photo copy of Marriage Certificate <input type="checkbox"/> Legal Separation: Photo copy of legal document authorizing the change of name <input type="checkbox"/> Correction <input type="checkbox"/> Others
<input type="checkbox"/> Additional Insured	Name Birthdate Relation	Attach photo copy of Birth Certificate Age must be atleast 1 to 21 years old
<input type="checkbox"/> Additional/Change of Beneficiary	Name Birthdate Relation	Attach photo copy of Birth Certificate
<input type="checkbox"/> Change or Correction of Birthdate of Policyholder and Beneficiary	From: To:	Attach photo copy of Birth Certificate
<input type="checkbox"/> Change of Address	New Address:	
<input type="checkbox"/> Upgrade / Downgrade of Plan	From: To:	
<input type="checkbox"/> Transfer of Billing	<input type="checkbox"/> Other Credit Card Credit Card No. Expiry date Bank name <input type="checkbox"/> Over-the-counter payment	Attach photo copy of Deposit Slip
<input type="checkbox"/> Acceleration of Payment	Number of Months : Total Premium:	

This request together with the recorded conversation made to GPL/MICO for said Policy Contract issued shall be for all purposes be considered as the application for such amendment
 In case of apparent errors or omissions by the undersigned, I hereby authorize the Company to correct or complete this request for amendment and I agree that if the Policy Contract is changed in accordance with such request, the issuance of any contract so amended or so-issued will constitute my conformity to and ratification of any corrections in addition made by this company.

If the present Policy Contract is replaced by a re-issue Policy Contract, it is hereby agreed that in consideration of the amendment herein, I hereby surrender the present Policy Contract and consent to its cancellation and so forever release and/or discharge the company from all claims, demand and liabilities whatsoever under the present Policy Contract, I hereby agree that should this request be approved by the company at its Head Office, all amendments approved by the company shall be deemed part of the above mentioned Policy Contract.

Done at _____ on _____.

Signature of Policyholder

Printed Name