CLIENT INFORMATION SHEET
(For Individual Client)

NAME

_____
Surname | Given Name | Middle Name

ADDRESS *(Mailing Address)*

_____
Number | Street | Subdivision/Village | Barangay

_____
Municipality/City | Province | Zip Code

PHONE NUMBER/S (Home Phone No.)_____ (Office Phone No.) _____

(Mobile Phone No.) _____ Would you like to receive your policy and

E-MAIL ADDRESS _____ notifications in e-format thru email? ☐ Y ☐ N

CIVIL STATUS ☐ Single ☐ Married ☐ Separated ☐ Widowed **GENDER** ☐ Male ☐ Female

DATE OF BIRTH *mm*_____/*dd*_____/*yyyy*_____ **CITIZENSHIP** _____

SOURCE OF FUND(S): ☐ Salary ☐ Business ☐ Donation ☐ Inheritance ☐ Others _____

TYPE OF EMPLOYMENT: **TAX IDENTIFICATION NUMBER (TIN)** _____
(Main Source of Income) ☐ Employed

☐ Private ☐ Government & Government-related ☐ OFW

☐ Professional

☐ Business (Self-employed)

☐ Others

INDUSTRY:

☐ Agriculture, Forestry & Fishing
☐ Mining & Quarrying
☐ Manufacturing
☐ Electricity, Gas, Steam & Air Conditioning Supply
☐ Water Supply; Sewerage, Waste Management & Remediation Activities
☐ Construction
☐ Wholesale & Retail Trade; Repair of motor vehicles & motorcycles
☐ Transportation & Storage
☐ Accommodation & Food Service Activities
☐ Information and Communication
☐ Financial and Insurance Activities
☐ Real Estate Activities
☐ Professional, Scientific and Technical Activities
☐ Administrative & Support Service Activities
☐ Public Administration & Defense; Compulsory Social Security
☐ Education
☐ Human Health and Social Work Activities
☐ Arts, Entertainment & Recreation
☐ Other Service Activities _____
☐ Activities of Households as employers; undifferentiated goods-and-services producing activities of households for own use
☐ Activities of Extraterritorial Organizations & Bodies

NAME OF EMPLOYER (if any) _____

GROUP AFFILIATION OF EMPLOYER (if any) _____

I hereby warrant that all information given by me are true and correct to the best of my knowledge, freely and voluntarily given to Malayan Insurance, Co., Inc ("MICO"). I hereby authorize MICO to keep, record, use, and process the information given to it, to share the same to third parties, and otherwise dispose of the said information as it may deem fit. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I am duly authorized to perform such acts and that I am duly allowed to give their information to MICO. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product from MICO of all the terms and conditions herein.

Signature: _____ **Date Signed:** _____

To be filled up by Company Representative:

ISIC CODE : _____

MANAGEMENT REFERRED? ☐ Y ☐ N **If YES, Referrer's Name** _____

Verified by: _____ **Date Received:** _____
(Name & Signature of Company frontliner)

Note: *Please submit accomplished Form together with a copy of any government-issued ID (For ex. SSS/GSIS/Philhealth, Driver's License, Passport, etc.)*