

CO-SIGNER'S STATEMENT

DATE

I am agreeable to sign with the applicant, Mr/Ms  covering bond applied for by him/her from your company in the amount of  ( ₱ )  in favor of  . I am aware of the responsibility which I will assume in signing with Mr/Ms  . I am also aware that you will rely on the truth of the following statements in the consideration thereof.

I authorize you to obtain such information as you may require concerning the statements made hereunder and agree that this document shall remain your property whether or not the bond is granted.

CO-SIGNER'S INFORMATION

Name:

|                                   |                                        |                                          |                      |
|-----------------------------------|----------------------------------------|------------------------------------------|----------------------|
| <input type="text"/>              | <input type="text"/>                   | <input type="text"/>                     | <input type="text"/> |
| Date of Birth<br>(mm/dd/yyyy)     | E-mail Address                         | TIN Number                               | Contact Number       |
| Civil Status <input type="text"/> | No. of Dependents <input type="text"/> | Living with Spouse? <input type="text"/> |                      |

Residence Address:

Block/Lot/Phase No./Floor No./Unit No. Street Village/Subdivision

Barangay City/Municipality Province Zip Code

IF EMPLOYED, PLEASE STATE:

Employer Name :  Kind of Business:

Office Address:

Block/Lot/Phase No./Floor No./Unit No Street Village/Subdivision

Barangay City/Municipality Province Zip Code

Designation:  Salary / Wages per Annum: ( ₱ )

Years in Service:  Superior:

Previous Employers:

| Company Name         | Address              |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

IF IN BUSINESS, PLEASE STATE:

Trade/Firm Name:  Kind of Business:

Office Address:

Block/Lot/Phase No./Floor No./Unit No Street Village/Subdivision

Barangay City/Municipality Province Zip Code

Year Established:  Capital Invested: ( ₱ )

☐ Sole Proprietorship ☐ Partnership Business Income:( ₱ )

Trade references:

| Company Name         | Address              |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Bank accounts: Savings ( ₱ )  Bank:

Current ( ₱ )  Bank:

Real Estate Owned:

| DATE ACQUIRED        | LOCATION             | LAND AREA            | ASSESSED VALUE<br>LAND & IMPROVEMENT | ENCUMBERANCE<br>AMOUNT     | HELD BY              |
|----------------------|----------------------|----------------------|--------------------------------------|----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | ( ₱ ) <input type="text"/>           | ( ₱ ) <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | ( ₱ ) <input type="text"/>           | ( ₱ ) <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | ( ₱ ) <input type="text"/>           | ( ₱ ) <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | ( ₱ ) <input type="text"/>           | ( ₱ ) <input type="text"/> | <input type="text"/> |

Relationship

Relation to the Applicant:

How long have you known the applicant?

References:

| COMPLETE NAME        | OCCUPATION           | ADDRESS              |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I affirm that each of the answers given to the foregoing questions are true and correct.

Res. Cert. No.  issued at  issued on

CONSENT

"My signature indicates that I have reviewed and certified the correctness of all information stated in this form.

I hereby consent, without need of prior notification, to the manual or automated processing, storage and disclosure by PhilFirst Insurance Co., Inc., and its authorized employees and representatives within or outside the Philippines in accordance with the Data Privacy Act and its implementing rules and regulations, of all such personal and/or sensitive information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my insurance policy contract, and all purposes deemed fit by PhilFirst Insurance Co., Inc., which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk management, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilFirst Insurance Co., Inc.

I also agree that my contact details may be utilized by PhilFirst Insurance Co., Inc., to provide relevant updates of my policy, as well as company and product developments. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured.

Lastly, I agree that PhilFirst Insurance Co., Inc., may store the same for the duration of the contract and for a period of ten (10) years thereafter, except if the information constitutes evidence in a legal action."

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTOOD THE BENEFITS AND FEATURES OF THIS POLICY AND AGREE TO BE BOUND BY THE PROVISIONS OF THE POLICY CONTRACT.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature over Printed Name