PhilFirst NON-LIFE
A Member of PFI Group

IMPORTANT NOTICE
Pursuant to IC Circular Letter No. 14-2004, insurance companies and intermediaries are mandated to ensure that no insurance policy shall be issued without the appropriate KYC form duly filled out.

KYC FORM - INDIVIDUAL CLIENT

Complete Name:	Gender:
Home Address:	Tel. No.:
Email Address:	TIN:

Nationality:	Date of Birth:	Place of Birth:
Nature of Work:		
Name of Employer:		
Nature of Self-Employment/Business:		Source of Funds:

<< PLEASE SUBMIT COPY OF ANY GOVERMENT ISSUED IDs >>

"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 ___.

Applicant's Signature

COMPLIANCE-KYCIND-2018

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