



CLIENT INFORMATION SHEET
(For Corporate Client)

CLIENT NAME _____
(SEC-Registered Corporate Name)

OFFICIAL/PRINCIPAL BUSINESS ADDRESS *(SEC-Registered Corporate Address)*

Dept/Floor Bldg. Street Subdivision/Village Barangay

Municipality/City Province Zip Code

PHONE NUMBER/S _____ **COUNTRY OF ORIGIN** _____

NAME OF AUTHORIZED REPRESENTATIVE/POSITION IN THE COMPANY _____

INFO DETAIL/S OF AUTHORIZED REPRESENTATIVE _____
(e-mail address, contact number)

CONTACT PERSON/POSITION: (if different from Authorized Representative) _____

INFO DETAIL/S OF AUTHORIZED REPRESENTATIVE _____

Would you like to receive your policy and notifications in e-format thru email? Y _____
 N *(e-mail address)*

NATURE OF BUSINESS:

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

CORPORATE GROUP AFFILIATION, if any _____

TAX IDENTIFICATION NUMBER (TIN) _____ **SSS NO.** _____
(As stated in SEC Gen. Info Sheet) *(As stated in SEC Gen. Info Sheet)*

VAT REGISTERED? Y N

PRINCIPAL STOCKHOLDERS/PARTNERS as of _____ *(Date)*

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

LIST OF DIRECTORS as of _____ *(Date)*

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

LIST OF PRINCIPAL OFFICERS as of _____ *(Date)*

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

NUMBER OF EMPLOYEES: _____
AVERAGE GROSS INCOME FOR THE LAST TWO YEARS: _____
MONTHLY EXPENSES: _____
NET TAXABLE INCOME: _____

BANK ACCOUNTS:

NAME AND BRANCH OF BANK	TYPE OF BANK ACCOUNT

OTHER ASSETS:

REAL PROPERTIES (Land/building)	PERSONAL PROPERTIES (Vehicles, Electronic equipment like computers)

I hereby warrant that all personal and sensitive 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 agree and consent that above information are being collected and recorded for purposes which are relevant and necessary in securing an insurance contract or transacting a business or any activity with MICO. I hereby authorize MICO to keep, store, enter in the processing system, update, use, access, process the information given to it, and to share, transfer or disclose data to YGC companies, their affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities for purposes of marketing, provision of any products, services, or offers through mail/email/fax/SMS/telephone, profiling, research, customer satisfaction surveys, statistical and risk analysis, tax monitoring, review, and reporting, compliance with court and other lawful order and requirements, with Anti-Money Laundering Act, Credit Information System Act, and all other regulatory laws, and all other activities consistent with the provisions of the Data Privacy Act and subject to appropriate security safeguards. 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.

I have the right to access the given information, and I undertake to correct, rectify or supplement information should any data be found to be inaccurate or incomplete.

I will hold MICO free and harmless from any liability that may arise as a result of the authorization given above.

Signature: _____
 (Signature of Authorized Representative over Printed Name)

Date Signed: _____

This portion is to be filled up by Insurance Company Representative:

Management Referred? Y N IF YES, Referrer's Name _____
 (Required if Management-referred)

Verified by: _____
 (Name & Signature of Company Frontliner)

Date Received _____

Note: Please submit accomplished Form together with a copy of Articles of Incorporation/Partnership, By-Laws, Latest SEC Gen. Information Sheet, Secretary's Certificate authorizing the signatory to sign on behalf of the entity.