# CLIENT INFORMATION SHEET
## (For Individual Client)

**NAME**

_____
Surname                                      Given Name                                    Middle Name

**PRESENT ADDRESS**

_____
Number            Street                    Subdivision/Village                           Barangay

_____
Municipality/City                           Province                                      Zip Code

**OWNERS/LESSORS OF THE HOUSE OCCUPIED:** _____

**PERMANENT ADDRESS**

_____
Number            Street                    Subdivision/Village                           Barangay

_____
Municipality/City                           Province                                      Zip Code

**OWNERS/LESSORS OF THE HOUSE OCCUPIED:** _____

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

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

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

**NUMBER OF CHILDREN DEPENDING FOR SUPPORT:** _____          **CITIZENSHIP** _____

**DATE OF BIRTH**  *mm*_____/*dd*_____/*yyyy*_____          **PLACE OF BIRTH:** _____

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

**TYPE OF EMPLOYMENT**:
*(Main Source of Income)*

☐ Employed                                          **Tax Identification Number (TIN)** _____
    ☐ Private                                       **SSS Number:** _____
    ☐ Government & Government-related               **GSIS Number:** _____
    ☐ OFW
    Position:_____

☐ 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) _____
**NAME OF BUSINESS (if any)** _____
**NET INCOME:** _____
**CAR/S OWNED:** _____

**BANK ACCOUNTS:**

| NAME AND BRANCH OF BANK | TYPE OF BANK ACCOUNT |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

**OTHER ASSETS:**

| REAL PROPERTIES *(Land/building)* | PERSONAL PROPERTIES *(furniture, electronic equipment e.g. 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:** _____      **Date Signed:** _____
     *(Signature over Printed Name)*

------------------------------------------------------------------------------------------------------------------------------------------------

**\*To be filled up by Company Representative:**

**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. TIN/SSS/GSIS/Philhealth, Driver's License,   Passport, etc.)*