

CLIENT INFORMATION
For Individual Clients

Last Name		First Name		Middle Name	
Present Address	No./Street	District/Town		City/Province	Zip Code
Permanent Address	No./Street	District/Town		City/Province	Zip Code
Nationality:		Date of Birth(mm/dd/yyyy):		Place of Birth:	
Civil Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed		Gender: <input type="radio"/> Male <input type="radio"/> Female		E-mail:	
SSS/GSIS No.:		Cellphone No.:		Landline No.:	
TIN:		Estimated Annual Income: <input type="radio"/> <100K <input type="radio"/> 100K-199K <input type="radio"/> 200K-299K <input type="radio"/> 300K-399K <input type="radio"/> 400K-499K <input type="radio"/> 500K-1M <input type="radio"/> >1M			
Nature of Work:		Name of Employer:			
		Name of Business/Self Employment:			
Names of beneficiaries (if any):				Source/s of Funds:	

For Corporate Client

Registered Business Name:				Contact No.:	
Present Address	No./Street	Building	District/Town	City/Province	Zip Code
Nature of Business:				TIN:	
List of Directors/Partners:					
List of Capital Partners owning at least 2% of the Capital Stock:					
Beneficial Owners, if any:					

VEHICLE INFORMATION
About my vehicle

Registered Owner:			Assignee:		
Year:	Make/Manufacturer:	Model:	Variant:	Transmission: <input type="radio"/> M/T <input type="radio"/> A/T	
Motor No.:	Color:	Use of Vehicle:			
Serial/Chassis Number.:	Plate No.:	<input type="radio"/> Private <input type="radio"/> For Hire <input type="radio"/> Commercial (Not For Hire)			
Coverage Extensions: <input type="checkbox"/> CTPL <input type="checkbox"/> Personal Accident <input type="checkbox"/> Acts of Nature <input type="checkbox"/> Strikes, Riots and Civil Commotion			Area of Usage: <input type="radio"/> Luzon <input type="radio"/> Vismin <input type="radio"/> Nationwide		
Mortgagee:			Effectivity from 12:00pm of _____ to 12:00pm of _____.		

Certified true and correct:

By submitting details herein I hereby indicate my conformity to the use and storage of the data as identified above. Including the sharing of the same to MAPFRE Group of companies, it's contractors and /or sub contractors for legal purposes. If transacting and/or acting in behalf of other person/s, I hereby warrant that I am duly authorized to transact in the latter's behalf and to give information provided on this form.

 Applicant's Signature over Printed Name

 Position & Contact Number:
(for corporate clients only)

Date Signed: _____

Policy Number: _____

Reference Quote No.: _____