

### HEIRS' BOND APPLICATION FORM

 New    Renewal   Existing Policy Number:

### APPLICANT'S INFORMATION

Name of Entity:

Business Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Incorporation Number:

Country of Incorporation:

Date of Incorporation:

DD/MMM/YYYY

Nature of Business:

Name of Authorized Representative / Transactor / Signee:

Contact Number:

Email Address:

### ULTIMATE BENEFICIAL OWNER'S INFORMATION

Name:

Last Name

First Name

Middle Name

Suffix

Mailing Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Mobile No.:

E-mail Address:

 Gender:  Male  Female

 Civil Status:  Single  Married

Date of Birth:

DD/MMM/YYYY

TIN/SSS/GSIS No.:

Place of Birth:

Citizenship/Nationality:

 Source of Funds:  Self-Employed  Salary

### BOND INFORMATION

a. Limit of liability or amount of bond required:

b. Please check the appropriate purpose of the bond:

 Loan-related    Distribution of the assets of a deceased person    Others

c. Name of the entity/ies requiring the bond, such as banks, issuer of stocks, or the Register of Deeds, etc.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

### CLIENT INFORMATION

If you own real estate properties, please give the following particulars: (if a land, state if titled or unregistered, whether residential, commercial or agricultural and also the land area hereof. If a building, state number of storeys, nature of occupancy (residential, store, bodega, etc.) and type of construction (concrete, timber, light material, etc.)

DESCRIPTION	LOCATION	AREA	ASSESSED VALUE	MARKET VALUE

State the names of banks where you maintain your current/savings accounts: (Attach copies of business/ personal bank statements that will verify cash balances)

NAME OF BANKS	HEAD OFFICE / BRANCH

Are you indebted to anyone for sums of money?

Yes

No

NAME OF CREDITOR	AMOUNT OF LOAN	DUE DATE <small>DD/MMM/YYYY</small>	SECURITY

Are there any charges, judgments, suits or claims pending against you, or against any member of your family?

Yes

No

If so, please give particulars:

\_\_\_\_\_

\_\_\_\_\_

Have you secured bonds before?

Yes

No

If so, please provide the following information.

SURETY COMPANY	TYPE OF BOND	AMOUNT	OBLIGEE	EXPIRY DATE <small>DD/MMM/YYYY</small>

Has any Surety Company ever paid a loss for the firm or any member of the firm?

Yes

No

If so, please state the name of the Surety Company and give full details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DOCUMENTARY REQUIREMENTS

1. Copy of the property/ies to be covered by the Bond (Bank account, shares of stocks, land title, among others)
2. Affidavit of Extrajudicial Settlement / Affidavit of Self-Adjudication
3. Affidavit of Publication
4. Deed of Sale, if applicable
5. Latest Audited Financial Statements if the applicant is a corporation or Individual Tax Returns for individual applicants
6. Photocopy of Board Resolution or Secretary's Certificate for authorized signatory/ies, if the applicant is a corporation.
7. In compliance with the Republic Act No. 9160 or Anti-Money Laundering Act of 2001, as amended, and the Know Your Client (KYC) requirement of the Insurance Commission, please provide scanned or photocopy of any 2 of the following valid IDs of the signatory/ies: Drivers' License, Passport, TIN, SSS ID, PRC ID or IBP ID.

## IMPORTANT NOTICE

A bond is a contract of suretyship. Any payment or disbursement made by the FPG Insurance Co., Inc. (hereinafter called the Surety) in the future in connection with the Bond to be issued to the applicant, including its renewals, extensions or substitutions, either in the belief that the Surety was legally obligated to make such payment or in the belief that said payment was necessary in order to avoid greater losses or obligations for which the Surety might be liable by virtue of the terms of the Bond issued, including its renewals, extensions or substitutions, shall be recovered against the applicant in full, otherwise known as the Principal, in accordance with the provisions of the New Civil Code and the/or Indemnity Agreement.

## DECLARATION

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce the Surety to execute or procure the execution of Surety bonds, and any extension, or renewal thereof, addition thereto, or substitution therefore.

Each of the undersigned further affirms that he understands that suretyship is a form of credit, and hereby authorizes Surety, or its authorized agent to gather information it considers necessary for evaluating whether or not credit should be granted.

NAME OF APPLICANT/S	SIGNATURE	VALID ID	DATE SIGNED DD/MMM/YYYY

"During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

- a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and
- b. In case the foregoing is successful, terminate business relationship. The exercise of the company of this measure shall only be entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities."

## DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.