

For Corporate Client Information – Know Your Customer “KYC” Form

In compliance with the Anti-Money Laundering Act (AMLA), kindly fill out the KNOW YOUR CUSTOMER (KYC) form. Under Insurance Commission (IC) Circular 14-2004, insurance companies and intermediaries are mandated to see it that no insurance policy shall be issued without the appropriate and duly filled out KYC form.

***Please submit the accomplished form along with a copy of your latest General Information Sheet (GIS) and Board Resolution which contains your authorized representative via Email to PHCustomerCare@fpgins.com**

Entity Name:

Country of Incorporation:

Incorporation Number:

Principal Business

Address:

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

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Billing Address:

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

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Business Contact No.:

E-mail Address:

Name of authorized representative/transactor/signee:

Nature of Business:

ULTIMATE BENEFICIAL OWNER INFORMATION

Name:

Last Name

First Name

Middle Name

Suffix

Date of Birth:

Citizenship / Nationality:

Address:

Contact No.:

Source of Funds:

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.

Insured Signature over Printed Name

Date

FPG may also notify me and offer me any of its products and services that suits my needs through any of its marketing campaigns. Do you want to receive information regarding your policy and products related to it? If YES, please check on the boxes below:

Do you want to receive direct mail or email from FPG in your mailing box?

Do you want to receive a phone call regarding your policy, promotion or products related to your policy?

You can change your mind at any time by requesting to unsubscribe thru our e-mail at PH-DPO@fpgins.com.

If you have further question or concern regarding your Privacy Rights, this Consent Form or any matter regarding the Data Privacy Act of 2012, you can contact the National Privacy Commission (NPC) thru their website: www.privacy.gov.ph, you may also contact our Data Protection Officer for more information through the following details

The Data Protection Officer

FPG Insurance Co., Inc., 6th Floor Zuellig Building, Makati Avenue corner Paseo de Roxas, Makati City 1225, Philippines
Mobile: +63 917 557 5617 E-mail: PH-DPO@fpgins.com

FOR OFFICIAL USE ONLY

Self Certified Document Copies Received (Original Verified)

True Copies of Documents Received (Attested)

Intermediary Name:

Date Accomplished:

Signature over Printed Name