

For Individual 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 KYC form.

***Please submit the accomplished form along with a copy of your valid Government ID (ex. SSS, TIN, Driver's License) via Email to PHCustomerCare@fpgins.com**

Name:				
	Last Name	First Name	Middle Name	Suffix
Present Address:				
	Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
	City/Municipality	Province/State	ZIP Code	
Permanent 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:		TIN:
Gender:	Citizenship / Nationality:		Source of Funds:	
Date of Birth:		Place of Birth:		
Nature of Employer / Business:			Name of Employer / Business:	
_____ Assured Signature:		Policy Number (optional):		
		Date Signed:		
Date of Loss (optional):		Place of Loss:		

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
Tel. no.: (02) 8859-1200 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