

APPLICATION FOR INSURANCE AGENTS' LICENSE
(Under Chapter IV, Title I, of the Insurance Code)

To the Insurance Commissioner:

The undersigned hereby applies for a license under the Provisions of Chapter IV, Title I of the Insurance Code, to act as insurance agent/general agent of **PNB GENERAL INSURERS CO. INCORPORATED** in respect of the kind of insurance indicated herein.

Life Non-Life PERSONAL ACCIDENT
TL (FIRE & MOTOR CAR ONLY CTPL
VARIABLE

and for that purpose submits the following statements and answers to the questions contained therein.

(Agency name if any)

FOR IC USE ONLY
Verified by: _____
Date: _____
Processed by: _____
Date: _____
Approved by: _____
Date: _____
License Fee: _____
OR NO. _____
DATE _____
CA NO. _____

1. Name of Applicant _____
(Surname) (First Name) (MiddleName)

2. Present address: a. Residence _____
Business: _____

3. Place of Birth _____ Date of Birth _____

4. Citizenship _____ Sex _____ Civil Status _____

5. Email Address _____ Contact Nos. _____

6. If a married woman - a. Maiden Name _____
b. Spouse Name _____

7. If a naturalized citizen of the Philippines, give date and place of naturalization and attach photocopy of certificate of naturalization: _____

8. If applicant is a foreigner give serial number, date and place of issue of alien certificate of registration (ACR) and the Immigrant Certificate of Residence (ICR) for the current year and attach photo copy of each hereof _____

REMARKS:

9. If applicant is a partnership, association or corporation:
- a.)Attach a certified true copy each of the certificate of registration, articles of partnership, association or corporation and by-laws; _____
 - b.)State percentage of Filipino participation in the partnership, association or corporation:_____

10. Any license previously granted to act as insurance/general agent in this country? State name of company represented _____
 License No. _____

11. Have you filed your income tax return for the preceding year? _____ If not, give reason, _____ if yes, attach proof of such filing and/or payment

12. In the blanks below, state your last two (2) employers.

Inclusive date From-To	Name of Employer	Where	In what Capacity	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Are you an official or an employee of an insurance company and position held:

14. Are you a government employee? _____ If yes, attach the necessary clearance, permission from the Head of the Department or Agency in accordance with Section 18, of Memorandum Circular No. 15, Series of 1999 of the Civil Service Commission

Executed this _____ day of _____, 201____ at _____

 Signature of Applicant
IMPORTANT: Be sure your signature in This application tallies with your signature In the admission card for the agent's examination otherwise you will be required to appear before the Insurance Commission to explain any significant discrepancy.

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
_____) S.S.

I, _____, being duly sworn, depose and say that I am the person named in and who signed the foregoing application that he/she knows that the contents thereof and the statements made and answers to questions therein are true.

✓ _____
Affiant
TIN _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 201 ____.
Applicant/affiant exhibited to me his/her Community Tax Certificate No. _____
issued on _____ at _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 2011

(documentary stamp Paste here)

APPROVED AND COUNTERSIGNED for _____
for the solicitation or procurement of application for life/non-life insurance.

DR. EVEREST S. BUNGAY
(Authorized Representative of the Company)

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
_____) S.S.

I, _____, being duly sworn, depose and say that I am the person named in and who signed the foregoing application that he/she knows that the contents thereof and the statements made and answers to questions therein are true.

✓ _____
Affiant
TIN _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 201 ____.
Applicant/affiant exhibited to me his/her Community Tax Certificate No. _____
issued on _____ at _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 2011

(documentary stamp Paste here)

APPROVED AND COUNTERSIGNED for _____
for the solicitation or procurement of application for life/non-life insurance.

DR. EVEREST S. BUNGAY
(Authorized Representative of the Company)

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
_____) S.S.

I, _____, being duly sworn, depose and say that I am the person named in and who signed the foregoing application that he/she knows that the contents thereof and the statements made and answers to questions therein are true.

✓ _____
Affiant
TIN _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 201____.
Applicant/affiant exhibited to me his/her Community Tax Certificate No. _____
issued on _____ at _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 2011

(documentary stamp Paste here)

APPROVED AND COUNTERSIGNED for _____
for the solicitation or procurement of application for life/non-life insurance.

DR. EVEREST S. BUNGAY
(Authorized Representative of the Company)

CERTIFICATE AND WAIVER

WE HEREBY CERTIFY:

That we know the applicant _____,
that a thorough investigation has been made into his/her character, conduct and fitness; that he/she is of good moral character and worthy of a Certificate of Authority; and that he/she has had experience in each of the kinds of insurance he/she proposes to write or solicit under the Certificate of Authority applied for.

That we have communicated with the former and present employees of the applicant and the replies have been satisfactory.

That to the best of our knowledge, information and belief, all statements and answers contained in the application have been in the handwriting of the applicant with respect to the questions applicable to him/her.

If and when the agency is terminated, written notice thereof will be given forthwith to the Insurance Commissioner together with the reason therefore.

In consideration of the Certificate of Authority to be issued to the above-mentioned applicant, under the provision of Section 299 of the Insurance Code, we hereby waive, on behalf of -

PNB GENERAL INSURERS COMPANY, INC.

the right to appeal to the Secretary of Finance in case of revocation by the Insurance Commissioner of the certificate to be issued in favor of the above -mentioned applicant and agree to cancel at once the contract of agency between said applicant and the company upon receipt of the notice of revocation.

Executed in _____ on _____.

TIN : **000-547-605-000**

By : **DR. EVEREST S. BUNGAY**
(Authorized Representative of the Company)

N.B.: No person, partnership, association or corporation, required by Law to file an income tax return shall be issued a license to engage in any trade, business, or occupation or practice of profession unless he shall have presented to the officer issuing such license or permit proof that he has filed his income tax return during the preceding year and that income taxes due have been paid thereon. For the purpose of this Act, a copy of such income tax return on which is shown a certification or statement by the Collector of Internal Revenue or his duly authorized representative that the aforesaid income tax return has been duly filed with and received by him even without a copy of such income tax return, and the corresponding receipts showing payment of all income taxes due thereon, shall be sufficient proof.

Any person, partnership, association or corporation who obtains a license mentioned in the preceding paragraph without presenting the aforementioned certification of the Collector of Internal Revenue or his duly authorized representative, under the pretext that he or it is not required by law to file an income tax return when in truth, he or it is so required, or under any other misrepresentation, shall be liable to fine of not more than five hundred pesos (P500.00) or imprisonment of not more than one year or both, in the discretion of the court. In case of a partnership, association, the manager or the equivalent officer thereof shall be held responsible and in addition, the license shall be revoked. (Section 1, Republic Act No. 1538).