Request for Re-Printing
Certificate of Full Payment
(Non-Receipt)

Plan Number: ______________________

Planholder's Name: ______________________

Nationality: ______________________ Place of Birth: ______________

This is to certify that the original Certificate of Full Payment for the above plan was not received by me despite the full payment of required premiums. I hereby attest to the truth of the foregoing facts and forever release and absolutely discharge PhilPlans First, Inc., its successors and assignees, from any and all liabilities, claims, and demands pertaining to the original Certificate of Full Payment, which shall hereafter be ineffective and invalid for all purposes, even if found or delivered after the submission of this request.

My signature indicates that I have reviewed and certified the correctness of all information stated in this form.

I hereby consent, without need of prior notification, to the processing, storage and disclosure by PhilPlans, and its authorized employees and representatives, of all such information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my plan contract. I also agree that my contact details may be utilized by PhilPlans to provide relevant updates on my plan, as well as company and product developments.

Said consent extends likewise from those whose information I have provided, whose consent I have secured.

Lastly, I agree that PhilPlans may store the same for the duration of the contract and a reasonable time thereafter.

______________________ ______________
PLANHOLDER'S SIGNATURE OVER PRINTED NAME DATE

TO BE ACCOMPLISHED BY BRANCH REPRESENTATIVE:

Type of 2 VALID IDs presented: (Please attach photocopy)

1. Type ______________ No. ______________ Issue/Expiry Date: ______________
2. Type ______________ No. ______________ Issue/Expiry Date: ______________

PLAN STATUS: ______________ DATE CHECKED: ______________

Checked and Received by:

______________________ ______________
BRANCH REPRESENTATIVE'S NAME AND SIGNATURE DATE

FORM NO: PS-016 (REV 04 20171101)

Clr 12.7.17