

I would like to enroll the Pre-need Plan/s below in an Auto Charge Arrangement with my credit card. Details of the plan/s and my credit card are as follows:

CREDIT CARD DETAILS:

CARDHOLDER'S NAME:											
ADDRESS:										ZIP CODE:	
BANK NAME:								<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		<input type="checkbox"/> JCB <input type="checkbox"/> AMEX	
CARD NUMBER:										EXPIRY DATE:	

PLAN DETAILS: (USE DIFFERENT FORMS FOR DIFFERENT PLANHOLDERS)

PLANHOLDER'S NAME			
RELATIONSHIP TO PLANHOLDER			NATIONALITY
PLAN NUMBER	CURRENT MODE OF PAYMENT	AUTO CHARGE STARTS ON DUE DATE	CURRENT INSTALLMENT AMOUNT

I understand that the payments for the plan indicated above will automatically be reflected in my credit card statement. However, actual payment of these installments and charging against my credit card will depend on the transaction approval of the Credit Card Company on the processing date. If the charging is not successful, I agree to pay (or inform the Planholder to pay) the installment amount directly to PhilPlans First, Inc. (PhilPlans).

I further agree that this payment arrangement has been devised for convenience and shall not in any way amend or alter the terms and conditions of the Planholder's plan contract with PhilPlans.

I hereby agree that this application for Automatic Charge Arrangement (ACA) shall be effective only upon the approval of PhilPlans First, Inc. ("PhilPlans").

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 manual or automated processing, storage and disclosure by PhilPlans, and its authorized employees and representatives, within or without the Philippines, in accordance with the Data Privacy Act and its implementing rules and regulations, of all such personal and/or sensitive personal information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my plan contract, and for all purposes deemed fit by PhilPlans, which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk assessment, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilPlans.

I also agree that my contact details may be utilized by PhilPlans to provide relevant updates of my plan, as well as company and product developments. Said consent also extends likewise from those persons 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.

Dated this _____ day of _____ year _____ at _____, Philippines.

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTOOD THE BENEFITS AND FEATURES OF THIS PLAN AND AGREE TO BE BOUND BY THE PROVISIONS OF THE PLAN CONTRACT.

REQUESTED BY:

CARDHOLDER'S SIGNATURE OVER PRINTED NAME	DATE SIGNED	MOBILE NO.	(AREA CODE) LANDLINE NO.
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CONFIRMED BY:

PLANHOLDER'S SIGNATURE OVER PRINTED NAME	DATE SIGNED
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CONDITIONS

1. The Cardholder enrolling in this facility should be a current or proposed Planholder or an immediate family member of the Planholder of PhilPlans First, Inc. ("PhilPlans") and is hereafter referred to as the "Cardholder". Immediate family member is limited to the Planholder's parents, spouse, brothers, sisters and children.
2. This form should be submitted to PhilPlans head office at least ten (10) days before the desired installment due date.
3. Enrollment in this facility does not guarantee payment of installment due, as each payment shall be subject to approval by the Credit Card Center.
4. Termination/Cancellation of the Cardholder's credit card shall result in automatic termination of this enrollment.
5. In case the credit card center did not approve payment, the Planholder shall have to pay through other payment facilities available without the need for PhilPlans to notify him/her of such.
6. The following credit card conditions will not be processed:

• Cancelled Credit Card	• Inactive/Expired Credit Card	• Closed Credit Card
• Defective (invalid code)	• Overlimit	• Deceased Credit Card holder
7. In case of renewal and/or replacement of lost or damaged card, Cardholders who wish for a continuous Auto Charge Arrangement is required to submit a newly accomplished enrolment form at least ten (10) days prior to next installment.
8. For inquiries regarding credit card billing for installment payments, please contact our Customer Service at (02) 802-7202 or e-mail us at customer-service@philplans.com.ph.

IMPORTANT: Please submit a photocopy of valid I.D. and front & back side of your Credit Card.
Chandy 6.1.2018