



**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 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.

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

Chanelly 6.1.2018