**

**SEC. REGISTRATION NO. CS201718683**

***Prk. Quirino, Brgy. Concepcion (BO.6), Koronadal City, South Cotabato***

**If you need our services, please contact these numbers 09088696124, 09088696125, 09088696126, 09177013370, 09178213369, 09177770693, 09989748240**

**Tel. No. (083)-228-1818**

Application Form No.

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| Name: | [onshow.lname] | | | | | | | | | | [onshow.fname] | | | | | | | | | | | [onshow.mname] | | | | | | | | | | [onshow.nick] | | | | | | [onshow.sex] | | | [onshow.cstatus] | | | | | | |
|  | (SURNAME) | | | | | | | | | | (FIRST NAME) | | | | | | | | | | | (MIDDLE NAME) | | | | | | | | | | (NICKNAME) | | | | | | (SEX) | | | (CIVIL STATUS) | | | | | | |
| Residence Address: | | | | | [onshow.address] | | | | | | | | | | | | | | | | | | | | | | | | | | [onshow.valid\_id] | | | | | | | | | | | | | | |
|  | | | | | (PUROK/STREET) | | | | | | | (BARANGAY) | | | | | | (MUN./CITY) | | | | | | | (PROVINCE) | | | | | | **(ANY VALID ID NO.)** | | | | | | | | | | | | | | |
| Birth Date: | | [onshow.dob] | | | | Age: | | [onshow.age] | Birth Place: | | | | | [onshow.pob] | | | | | | | | | Occupation: | | | | | | [onshow.occupation] | | | | | | Religion: | | | | [onshow.religion] | | | | | | | |
| Payor’s Name: | | | [onshow.p\_name] | | | | | | | | | | Age: | | | [onshow.p\_age] | | | Relation: | | | | [onshow.p\_relation] | | | | | | | Contact No.: | | | | | | [onshow.p\_cont] | | | | | | | | |
| Collection Address: | | | | [onshow.p\_address] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [onshow.m\_cont] | | | | | | | | |
| (PUROK/STREET) | | | | | | | | (BARANGAY) | | | | | (MUN./CITY) | | | | | | | (PROVINCE) | | | | | | | | | MEMBER’S CONTACT NUMBER | | | | | | | | |
| **BENEFICIARIES:** | | | | | | | (For married member, beneficiary should be the spouse)  (For single member, beneficiary should be the parents) | | | | | | | | | | | | | | | | | | | | Beneficiary’s Contact Number: | | | | | | | | | |  | | | | | | |
| [onshow.b\_name] | | | | | | | | | | Birth Date: | | | | | [onshow.b\_dob] | | | | | Age: | [onshow.b\_age] | | | | | Relation: | | [onshow.b\_relation] | | | | | | Civil Status: | | | | | | [onshow.b\_cstatus] | | |

**GROUP MEMORIAL PACKAGE EXTENDED P179**

**₱275.00 PER MONTH FOR 20 YEARS**

**ELIGIBILITY 18 YEARS OLD AND ABOVE**

**FREE MEMORIAL PACKAGE WORTH ₱30,000.00 AFTER 3 MONTHS**

**FREE MEMORIAL PACKAGE WORTH ₱35,000.00 AFTER 2 YEARS**

**FREE MEMORIAL PACKAGE WORTH ₱65,000.00 AFTER 10 YEARS**

**FREE MEMORIAL PACKAGE WORTH ₱75,000.00 AFTER 20 YEARS**

COMPLETE DECORATION

COMPLETE DECEASED ATTIRE

TARPAULIN, FLOWERS, PRAYER VIGIL, BURIAL SERVICES

**BENEFITS OF THE IMMEDIATE FAMILY OF MEMBER:**

* DISCOUNT ₱ 10,000.00 OF CHOSEN MEMORIAL PACKAGE.
* COMPLETE DECORATION, TARPAULIN, FLOWERS, PRAYER VIGIL, BURIAL SERVICES.

**TERMS AND CONDITION:**

* LOWEST MEMORIAL SERVICES PACKAGE IS WORTH P40,000.00 ONLY.
* CHOSEN MEMORIAL PACKAGE IS PAYABLE (3) THREE DAYS BEFORE INTERMENT. (FOR DEATH BEFORE CONTESTABILITY PERIOD AND UPGRADED CASKET)
* IF THE MEMBER WILL DIE BEFORE (3) THREE MONTHS, THE BENEFICIARY HAS THE RIGHT TO CHOOSE THE BENEFITS WHICHEVER IS HIGHER, COMPLETE DECEASED ATTIRE, MARMOL LAPIDA OR ALL PAYMENTS MADE WILL BE DEDUCTED TO THE CHOSEN MEMORIAL SERVICES AND P10,000.00 DISCOUNT OF MEMORIAL PACKAGE.
* FREE 7 DAYS EMBALMING.
* IF THE MEMBER FAIL TO PAY IN (1) ONE MONTH HE/SHE SHOULD DOUBLE HIS/HER PAYMENT ON THE FOLLOWING MONTH OR ELSE HIS/HER MEMBERSHIP WILL BE TERMINATED AND OLD MEMORIAL PACKAGE WILL BE TRANSFERRED TO THE NEW AVAILABLE PACKAGE AND IT WILL BE CONSIDERED A NEW TO THE CONTESTABILITY PERIOD.
* IF THE MEMBER WILL STOP PAYING THEIR PACKAGE AND FAIL TO RE APPLY A NEW PACKAGE WITHIN (6) SIX MONTHS ALL PAYMENTS MADE WILL BE FORFEITED.

**REQUIREMENTS IN CLAIMING BENEFITS IN TIME OF DEATH OF THE MEMBER.**

* DEATH CERTIFICATE DULY REGISTERED BY THE LOCAL CIVIL REGISTRAR.
* (2) TWO VALID ID’S OF BENEFICIARY.
* FILL UP CLAIM FORMS AND OTHER DOCUMENTS REQUIRED BY THE OFFICE.

**NOTE: CLAIMANTS OF BENEFITS SHOULD BE DECLARED BENEFICIARY.**

**MEMORIAL SERVICES MUST BE EXCLUSIVELY RENDERED BY CARE GROUP FUNERAL SERVICES THRU DIAMOND MEMORIAL CARE.**

**IF THE MEMORIAL SERVICES RENDERED BY OTHER FUNERAL SERVICES ALL BENEFITS WILL BE FORFEITED.**

[onshow.a\_name] [onshow.a\_id] [onshow.a\_code] [onshow.a\_branch] [onshow.a\_branchcode]

SIGNATURE OVER PRINTED NAME OF AUTHORIZED AGENT AGENT’S ID NUMBER NAME/CODE OF FFSO BRANCH NAME/CODE OF BM MEMBER’S SIGNATURE

Payment P.R. Date: [onshow.prdate] P.R. #:[onshow.prno] O.R. Date: [onshow.ordate] O.R. #:[onshow.orno] Amount: [onshow.amount]

APPROVED BY: **CARMELO D. BOLANIO** Collection Date: [onshow.cdate] Col. Address:[onshow.caddress] **MERLYN G. SUPERIO**

CGFS President President/CEO

