**

**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: | NATANG | | | | | | | | | | PEDRO | | | | | | | | | | | onshow.mname] | | | | | | | | | | SEBILLO | | | | | | Male | | | Married | | | | | | |
|  | (SURNAME) | | | | | | | | | | (FIRST NAME) | | | | | | | | | | | (MIDDLE NAME) | | | | | | | | | | (NICKNAME) | | | | | | (SEX) | | | (CIVIL STATUS) | | | | | | |
| Residence Address: | | | | | DORULOMAN,ARAKAN,NO.COT | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | (PUROK/STREET) | | | | | | | (BARANGAY) | | | | | | (MUN./CITY) | | | | | | | (PROVINCE) | | | | | | **(ANY VALID ID NO.)** | | | | | | | | | | | | | | |
| Birth Date: | | 1960-11-10 | | | | Age: | | 57 | Birth Place: | | | | | PIGCAWAYAN,NO.COT | | | | | | | | | Occupation: | | | | | | FARMER | | | | | | Religion: | | | | R.CATHOLIC | | | | | | | |
| Payor's Name: | | |  | | | | | | | | | | Age: | | | 0 | | | Relation: | | | |  | | | | | | | Contact No.: | | | | | |  | | | | | | | | |
| Collection Address: | | | | DORULOMAN,ARAKAN,NO.COT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| (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: | | | | | | | | | | 09382351502 | | | | | | |
| NATANG,NECITA | | | | | | | | | | Birth Date: | | | | | 1964-08-27 | | | | | Age: | 54 | | | | | Relation: | | WIFE | | | | | | Civil Status: | | | | | | Married | | |

**GROUP MEMORIAL PACKAGE P 172**

**MONTHLY INSTALLMENT ₱275.00 FOR 20 YEARS**

**FOR 18-70 YEARS OLD**

FREE MEMORIAL PACKAGE WORTH ₱40,000.00 AFTER 1 YEAR

FREE MEMORIAL PACKAGE WORTH ₱45,000.00 AFTER 2 YEARS

FREE MEMORIAL PACKAGE WORTH ₱50,000.00 AFTER 5 YEARS

FREE MEMORIAL PACKAGE WORTH ₱65,000.00 AFTER 10 YEARS

FREE MEMORIAL PACKAGE WORTH ₱95,000.00 AFTER 20 YEARS

ADDITIONAL BENEFITS:

COMPLETE DECORATION, COMPLETE DECEASED ATTIRE

TARPAULIN, FLOWERS, PRAYER VIGIL AND BURIAL SERVICES

**TERMS AND CONDITIONS:**

* LOWEST MEMORIAL SERVICE 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 DIED BEFORE CONTESTABILITY PERIOD, ALL PAYMENTS MADE WILL BE DEDUCTED FROM THE CHOSEN MEMORIAL PACKAGE AND AVAIL THE FOLLOWING BENEFITS: DISCOUNT MEMORIAL PACKAGE P10,000.00, COMPLETE DECORATION, TARPAULIN, COMPLETE DECEASED ATTIRE, PRAYER VIGIL AND BOUQUET.
* FREE 7 DAYS EMBALMING.
* FREE 15 KMS. RADIUS FOR PULL-OUT AND DELIVER OF THE CADAVER FROM THE ORIGIN TO THE VIEWING PLACE.
* ADDITIONAL CHARGE REQUIRED FOR A REQUESTED MANUFACTURE OF COFFIN FOR A CADAVER DIMENSION DOES NOT FIT TO OUR COFFIN STANDARD SIZE.
* CLAIMANT OF BENEFITS SHOULD BE THE DECLARED BENEFICIARY ONLY.
* 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.
* IF THE MEMBER FAIL TO PAY IN ONE (1) MONTH HE 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 PACKAGE.
* IF THE MEMBER WILL STOP PAYING THEIR PACKAGE AND FAIL TO RE APPLY A NEW PACKAGE WITHIN SIX (6) MONTHS ALL PAYMENTS MADE WILL BE FORFEITED.

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

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

**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.**

HAROLD V. MAÑACAP ARAKAN

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: 2018-08-16 P.R. #:362548 O.R. Date: 2018-08-16 O.R. #:362548 Amount: 275

APPROVED BY: **CARMELO D. BOLANIO** Collection Date: 2018-08-16 Col. Address: **MERLYN G. SUPERIO**

CGFS President President/CEO

