

**OONA INSULAR INSURANCE CORPORATION**

Acacia Avenue, Madrigal Business Park, Ayala Alabang, Muntlupa City

T: (02) 8876.4444 | F: (02) 8876.4344

NEW ACCOUNT OPENING REQUEST | ACTIVE ACCOUNT ENROLLMENT FORM

Agent's Name: _____

(First Name)

(Middle Initial)

(Last Name)

E-mail Address: _____ Contact Number: _____

Agent Code: _____ Sales Office: _____

Please put a check for your appropriate request:

☐ **I have NO existing BPI Account.**

By affixing my signature below, I hereby express my intention to open a BPI Account as a requirement for my enrollment to the Commission Auto-Credit Facility of Oona Insular Insurance Corporation.

I understand that I shall receive an Endorsement Letter from Oona which I will present to my choice of BPI Branch for savings account along with other requirements that BPI will oblige me.

☐ **I have an existing ACTIVE BPI Account.**

Account Name: _____

10-Digit Account Number: _____

By affixing my signature below, I hereby endorse my bank account, with the details indicated above, to be enrolled in the Commission Auto-Credit facility of Oona Insular Insurance Corporation. I agree that all my commissions shall be automatically credited to this account on the scheduled dates of commission payment set by Oona Insular Insurance Corporation, unless I had explicitly given a formal request to change my account details.

Signature over Printed Name/ Date-----
To be filled in by Oona Insular Insurance Corporation Agency Development Unit, Sales Department:

Received by: _____ Date Received: _____

Remarks: _____

(Signature)-----
To be filled in by Oona Insular Insurance Finance Department:

Finance Representative: _____ Date Received: _____

Remarks: _____

(Signature)