



Covenant Care Association Inc.

SEC REGISTRATION NO. : 2025070210546-21
Tulip Drive Corner 6th Street, Ecoland Subd. 1,
Bucana, Davao City
Contact No.: 0993-727-7628

Branch Office:

Sub-Branch

Office:

Policy/OR No.:

FAMILY APPLICATION FORM

Policy Holder 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Family Name	Suffix

Address:

Street Name	Barangay	City/Municipality	Province
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Contact No.: Gender: Status:

Birthdate: Age: Birth Place:

Beneficiary of Policy Holder 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Family Name	Suffix

Contact No.: Relationship:

I certify that the information given is true, accurate and complete to the best of my knowledge. I authorize CCAI to use these information with utmost confidentiality. I have read and understood the membership terms and voluntarily sign this agreement.

**Signature over Printed Name
of Policy Holder 1**

Date:_____

Policy Holder 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Family Name	Suffix

Address:

Street Name	Barangay	City/Municipality	Province
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Contact No.: Gender: Status:

Birthdate: Age: Birth Place:

Beneficiary of Policy Holder 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Family Name	Suffix

Contact No.: Relationship:

I certify that the information given is true, accurate and complete to the best of my knowledge. I authorize CCAI to use these information with utmost confidentiality. I have read and understood the membership terms and voluntarily sign this agreement.

**Signature over Printed Name
of Policy Holder 2**

Date:_____

Policy Holder 3:

First Name

Middle Name

Family Name

Suffix

Address:

Street Name

Barangay

City/Municipality

Province

Contact No.:

Gender:

Status:

Birthdate:

Age:

Birth Place:

Beneficiary of Policy Holder 3:

First Name

Middle Name

Family Name

Suffix

Contact No.:

Relationship:

I certify that the information given is true, accurate and complete to the best of my knowledge. I authorize CCAI to use these information with utmost confidentiality. I have read and understood the membership terms and voluntarily sign this agreement.

**Signature over Printed Name
of Policy Holder 3**

Date:_____

Endorsed by:

Checked by:

Approved by:

CCA Signature over Printed Name

Sub-Branch Officer

Branch Officer

Date:_____

Date:_____

Date:_____

Amendment on Beneficiaries

Notwithstanding the provisions of the Family Code of the Philippines and related laws limiting compulsory heirs and succession, the undersigned hereby confirms and affirms the designation of the beneficiaries already stated above, even if they fall outside the scope of compulsory heirs as defined by law.

Such persons shall be entitled to receive the benefits, proceeds, or entitlements arising from this Agreement/Policy/Instrument, subject to the limitations of law and without prejudice to the legitime of compulsory heirs.

This amendment shall be effective upon execution and shall remain valid unless revoked or superseded by a subsequent written amendment or as otherwise provided by law.

Signed this ____ day of _____, _____, at _____.

**Signature over Printed Name
of Policy Holder 1 / Date**

**Signature over Printed Name
of Policy Holder 2 / Date**

**Signature over Printed Name
of Policy Holder 3 / Date**

Required Documents

- Government issued ID
- Barangay Certificate of Residency