



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.:

INDIVIDUAL APPLICATION FORM

Policy Holder:

First NameMiddle NameFamily NameSuffix

Address:

Street NameBarangayCity/MunicipalityProvince

Contact No.: Gender: Status:

Birthdate: Age: Birth Place:

Beneficiary of Policy Holder:

First NameMiddle NameFamily NameSuffix

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.

Checked by:

Signature over Printed Name
of Policy Holder

Date:_____

Endorsed by:

CCA Signature over Printed Name

Date:_____

Sub-Branch Officer

Date:_____

Approved by:

Branch Officer

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This amendment shall be effective upon execution and shall remain valid unless revoked or superseded by a subsequent written amendment or as otherwise provided by law.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