

**PLEASE TAKE NOTE: THIS CA FORM MUST BE PRINTED TO A4 SIZE, not LETTER/SHORT or LEGAL/LONG SIZE**

**1 COPY OF LIFE VERSION**

Department of Finance  
INSURANCE COMMISSION

**1 COPY OF VARIABLE LIFE VERSION**

**MAGPACHECK PA RIN KAY SECRETARY**

**APPLICATION FOR INSURANCE AGENT'S LICENSE**

(Under Chapter IV, Title I of the Insurance Code)

To the Insurance Commissioner:

The undersigned hereby applies for a license under the provisions of Chapter IV, Title I of the Insurance Code, to act as insurance/general agent of SUN LIFE OF CANADA (PHILIPPINES), INC. in respect of the kind of insurance indicated herein:

**Check LIFE for TRAD & Check VARIABLE LIFE for VUL. 1 CHECK LANG PER FORM.**

☐ NON-LIFE    ☒ LIFE    ☐ VARIABLE LIFE    ☐ ACCIDENT AND HEALTH  
☐ Others (please specify) \_\_\_\_\_

and for that purpose submits the following statements and information required herein.

Leave this blank

(Agency Name if any)

1. Name of applicant: Write your name completely and legibly (Own Handwriting)  
(Surname) (First Name) (Middle Name)

2. Agent Type: Ordinary Agent (☒) General Agent (☐)

3. Home Address: For questions number 3 to 5 Fill out completely.

Business address: \_\_\_\_\_

T I N: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Do not leave blanks

4. Birth a) Date: \_\_\_\_\_ b) Place: \_\_\_\_\_

5. Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

6. If married, a) Maiden Name: Fill out completely. Put N/A if not applicable

b) Husband's Name: \_\_\_\_\_

7. If naturalized citizen of the Philippines, give date and place of naturalization and attach photocopy of certificate of naturalization. Do not leave blank. Put N/A if not applicable

**FOR IC USE ONLY**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

License Fee: \_\_\_\_\_ OR No. \_\_\_\_\_ Date: \_\_\_\_\_ CA No. \_\_\_\_\_

REMARKS:

Application for Insurance Agent's License  
Insurance Commission

8. If applicant is a foreigner, give serial number, date and place of issue of alien certificate of registration (ACR) and the immigrant certificate of residence (ICR) for the current year and attach photocopy of each thereof Do not leave this blank. Put N/A if not applicable
9. If applicant is a partnership, association or corporation:
- Attach a certified true copy of the certificate of registration, articles of partnership, association or incorporation and by-laws:
  - State percentage of Filipino participation in the partnership, association or corporation: Do not leave this blank. Put N/A if not applicable.
10. Any license previously granted to act as insurance/general agent in this country? State name of insurance company represented. Do not leave this blank. Put NONE if no previous license
11. Have you filed your income tax return for the preceding year? YES\* If not give reason. If answered NO indicate reason here. NO only
12. in the blanks below, state your last (2) employers.

Name of Employer	Position	Inclusive Dates
<u>Do not leave this blank. Indicate the last 2 employers. If no employment history indicate unemployed.</u>		

13. Are you an official or an employee of an insurance company or broker? If yes, give the position held: YES OR NO ONLY YES/ NO ONLY
14. Are you a government employee? NO ONLY; if yes, attach the necessary clearance/permission from the Head of the Department or Agency in accordance with Section 18, of Memorandum Circular No. 15, series of 1999 of the Civil Service Commission.

Executed this Do not leave this blank. Put the date you signed this form. \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Philippines.

For Qs 11. If answered YES must be with own business, employed or employed from previous year but currently resigned. This must reflect in your answer on Question number 12.

Signature over printed  
name

Applicant

DITO SA  
NUMBER 10  
WAG N/A  
ILAGAY  
DAPAT NONE  
KUNG BLANK  
TAKE NOTE!

**AFFIDAVIT OF VERIFICATION**

Republic of the Philippines)  
Province/City of \_\_\_\_\_) S.S.  
*Write your name*

I, (Own handwriting), being duly sworn, depose and say that I am the person named in and who signed the foregoing application; that I know the contents thereof and the statements made and answers to question therein are true.

*Signature over printed  
name*

**Affiant**

*Write your TIN must be consistent with  
TIN your proof of TIN*

SSS No. *Write your SSS # must be  
consistent with your proof of SSS*

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
Affiant/s exhibited to me his/her \_\_\_\_\_ issued on  
\_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20 \_\_\_\_\_

*Paste the documentary  
stamp here (2 doc stamps)*

*Notary Public*

APPROVED AND COUNTERSIGNED for SUN LIFE OF CANADA (PHILIPPINES), INC.  
for the solicitation or procurement of application for life/variable/non-life insurance

*Do not sign here*

Authorized Representative of the Company

**CERTIFICATE OF WAIVER**

WE HEREBY CERTIFY:

Write your name

That we know the applicant (Own handwriting), that a thorough investigation has been made into his/her character, conduct and fitness; he/she is of good moral character and worthy of a Certificate of Authority, and that he/she has had experience in each of the kinds of insurance he/she proposes to write or solicit under the Certificate of Authority applied for.

That we have communicated with the former and present employees of the applicant and the replies have been satisfactory.

That to the best of our knowledge, information and belief, all statements and answer contained in the application have been in the handwriting of the applicant with respect to the questions applicable to him/her.

If and when the agency is terminated, written notice thereof will be given forthwith to the Insurance Commission together with the reason therefore.

In consideration of the Certificate of Authority to be issued to the above-mentioned applicant, under the provision of Section 299 of the Insurance Code, we hereby waive, on behalf of –

SUN LIFE OF CANADA (PHILIPPINES), INC.

(Company Name)

the right to appeal to the Secretary of Finance in case of revocation by the Insurance Commissioner of the certificate to be issued in favor of the above-mentioned applicant and agree to cancel at once the contract of agency between said applicant and the company upon receipt of the notice of revocation.

Do not leave this blank. Put the date when you signed the document or the notary date whichever is the latest. (For TLA notary is not required)

Executed in \_\_\_\_\_ on \_\_\_\_\_

TIN 204-962-522

PLACE KUNG SAN KA  
NAG FILL-UP NITO

By Do not sign here.  
Authorized Representative of the Company

DATE KUNG  
KAILAN MO  
NAGFILLUP ITO

N.B. No person, partnership, association or corporation required by Law to file an income tax return shall be issued a license to engage in any trade, business or occupation or practice a profession unless he shall have presented to the officer issuing such license or permit proof that he has filed his income tax return during the preceding year and that income taxes due have been paid thereon. For the purpose of this Act, a copy of such income tax return on which is shown a certification or statement by the Collector of Internal Revenue or his duly authorized representative that the aforesaid income tax return, and the corresponding receipts showing payment of all income taxes due thereon, shall be sufficient proof.

Any person, partnership, association or corporation who obtains a license mentioned in the preceding paragraph without presenting the aforementioned certification of the Collector of Internal Revenue or his duly authorized representative, under the pretext that he or it is not required by law to file an income tax return when in truth he or it is so required, or under any other misrepresentation, shall be liable to fine of not more than Five Hundred Pesos, or imprisonment of not more than one year or both, in the discretion of the Court. In case of partnership, association, the manager or the equivalent officer thereof shall be held responsible and in addition, the license shall be revoked. (Section 1, Republic Act No. 1538)