

Customer Inquiry Form
Important Notes:
1. This form is to be accomplished by the Policy Owner/Assignee in BLOCK LETTERS.
2. Please do not sign on a blank form.3. Please put a shade in the circle to indicate your choice(s).
Type of Request
Type of Request
Olient's Inquiry
Comitos Pouvost Potollo
Service Request Details
Type of document request
O Policy Information
(Please indicate the type of information required) Payment history period from to
Auto-Debit history period from to
Others
(please specify)
Delivery method
By FE/Advisor Daytime Contact Numbers
O Collect in Person Daytime Contact Numbers
By Mail Address:
Policy Details
Full Name of Insured (Last Name, First Name, Middle Initial)
Phone No. Cellphone No. Email
Full Name of Policy Owner (Last Name, First Name, Middle Initial)
Phone No. Cellphone No. Email
Full Name of Assignee
Phone No. Cellphone No. Email

R	ime Received: eceiving ept./Office:
-	OR DISTRIBUTOR'S USE ONLY E/Advisor's code:
F	E/Advisor's name:
F	E/Advisor's mobile number:

FOR OFFICE USE ONLY

Date Received: .

Plan Name

Certification of Customary Signature

IMPORTANT: If signature differs between AXA file and documents submitted, please complete this form.

CERTIFICATION OF CUSTOMARY SIGNATURE

This is to certify that I am the same person who signed in the policy contract. I hereby confirm that the declarations and information therein were given by me, and I certify that they are true and complete to the best of my knowledge.

Finally, the signature appearing on all the forms and valid ID/s are my customary signatures and for which reason I have signed both with my customary signatures as follows:

1.			

2			

3			

Declaration and Authorization

I/We/all Relevant Persons DECLARE AND AGREE that I/we have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

IMPORTANT: PLEASE DO NO	T SIGN ON A BLANK FORM
Signed at	thisday of
Signature over printed name	e of Policy Owner
Signature over printed name	e of Assignee*, if any
Signature over printed name	e of Irrevocable Beneficiary*, if any
*If there is more than 1 assigne respective names and signature	e and or irrevocable beneficiary, please use this portion in indicating their s.

Let's Stay Connected!

We would like to serve you better and keep you abreast with news and information about the Company and your policy. Help us ensure timely delivery of our services by providing us your current contact information.

lere	is	my	updated	information:

Mailing Address: O Home O B	uein	220
O Home O B	uSIII	C33
Home No.:		
Office No.:		
Mobile No.:		
 Email Address:		
Email Address:		
YES! I would like t	to re	ceive news
		ceive news

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