

CLIENTS INFORMATION 2020

PERSONAL INFORMATION

SURNAME, FIRST NAME, MIDDLE NAME *

Castro, Donna Kathrine, Malinao

BIRTH DATE *

December 11,1994

PLACE OF BIRTH *

Padre Burgos Southern Leyte

HOME ADDRESS *

Laca Padre Burgos Southern Leyte

GENDER *



MALE



FEMALE

MARITAL STATUS *



SINGLE



MARRIED



WIDOWED



SEPARATED



Other:

NATIONALITY *

Filipino

OCCUPATION *

Civil Engineer

COMPANY NAME *

Jezka Construction Corporation

MOTHER'S MAIDEN NAME *

Elvira Senoc Malinao

MOBILE NUMBER *

09152932126

LANDLINE NUMBER *

0

ACTIVE EMAIL ADDRESS *

castroonna717@gmail.com

TIN NUMBER OR SSS NUMBER *

713-662-801

RELIGION *

Christian

HEIGHT *

145 cm

WEIGHT *

43

NATURE OF BUSINESS *

N/A

NATURE OF WORK *

Construction

GROSS MONTHLY INCOME *

20,000

OFFICE ADDRESS *

#26 Koppel St. Filinvest II, Batasan Hills, Quezon City

PREFERRED MAILING ADDRESS *

Lot 6 Block 29 Alibangbang St. Amparo Subdivision Caloocan City

DESIGNATION OF BENEFICIARIES *

☒ PRIMARY REVOCABLE☐ PRIMARY IRREVOCABLE☐ Other:

NAME OF SPOUSE (if married) *

N/A

OCCUPATION *

N/A

NATURE OF WORK *

N/A

TIN NUMBER OR SSS NUMBER *

N/A

BIRTH DATE *

N/A

PLACE OF BIRTH *

N/A

MOTHER'S MAIDEN NAME *

N/A

1.) COMPLETE NAME OF BENEFICIARY *

Elvira Malinao Castro

BIRTH DATE AND RELATIONSHIP *

July 17,1964

MOTHER'S MAIDEN NAME *

Elena Magrilos Senoc

MARITAL STATUS *

Married

CONTACT NUMBER *

09151823986

2.) COMPLETE NAME OF BENEFICIARY *

Restituto Dalangin Castro

BIRTH DATE AND RELATIONSHIP *

December 9,1953 Father

MOTHER'S MAIDEN NAME *

Regina Blanza Dalangin

MARITAL STATUS *

Married

CONTACT NUMBER *

09062480083

3.) COMPLETE NAME OF BENEFICIARY *

Maribel Castro Williams

BIRTH DATE AND RELATIONSHIP *

February 17,1990 Sister

MOTHER'S MAIDEN NAME *

Elvira Senoc Malinao

MARITAL STATUS *

Married

CONTACT NUMBER *

0

4.) COMPLETE NAME OF BENEFICIARY *

Rubelito Malinao Castro

BIRTH DATE AND RELATIONSHIP *

December 4,1992 Brother

MOTHER'S MAIDEN NAME *

Elvira Senoc Malinao

MARITAL STATUS *

Single

CONTACT NUMBER *

09161451764

5.) COMPLETE NAME OF BENEFICIARY *

Seam Clyde Malinao Castro

BIRTH DATE AND RELATIONSHIP *

January 19,1999 Brother

MOTHER'S MAIDEN NAME *

Elvira Senoc Malinao

MARITAL STATUS *

Single

CONTACT NUMBER *

09451628795

MEDICAL HISTORY 1.) Have any of your parents or siblings been diagnosed of any illness or medical condition? *

☒ YES☐ NO

IF YES, Kindly provide COMPLETE NAME OF FAMILY MEMBER *

Elvira Malinao Castro

RELATIONSHIP TO PROPOSED INSURED *

Mother

RELATIONSHIP TO APPLICANT OWNER *

Mother

CONDITION/ ILLNESS *

High Blood Pressure

ESTIMATED AGE OF ONSET OF ILLNESS *

0

AGE AND CAUSE OF DEATH (if applicable) *

N/A

2.) General Living condition helpful? *

☒ YES☐ NO (please specify)☐ DETAILS☐ Other:

3.) Any illness, operation, confinement, injury for past or present? *

☐ YES

☒ NO (please specify)

☐ DETAILS

☐ Other:

DATE OF LAST MENSTRUATION (for women) *

MM DD YYYY

08 / 21 / 2021

DO YOU SMOKE? *

☐ YES (please specify)

☒ NO

☐ DETAILS

☐ Other:

DO YOU DRINK ALCOHOL? *

☐ YES (please specify)

☒ NO

☐ DETAILS

☐ Other:

FOR CHILDREN 12 YEARS AND BELOW

.....

BIRTH LENGTH AND WEIGHT *

7 lbs
.....

HEAD CIRCUMFERENCE *

N/A
.....

CHEST CIRCUMFERENCE *

0
.....

BLOOD TYPE *

N/A
.....

IMMUNIZATIONS DONE *

N/A

PRESENT HEIGHT AND WEIGHT *

145 cm, 43 kg

BIRTH HISTORY: Is it NORMAL SPONTANEOUS DELIVERY? *

- ☒ YES
- ☐ NO (please specify)
- ☐ DETAILS

PREMATURE? *

- ☐ YES (please specify)
- ☒ NO
- ☐ DETAILS
- ☐ Other:

WITH DEFECT AT BIRTH? *

☐ YES (please specify)

☒ NO

☐ DETAILS

☐ Other:

NEW BORN SCREENING TEST RESULTS *

N/A

NEW BORN HEARING TEST RESULTS *

N/A

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