



**DECLARATION THAT MY APPLICATION FOR EMPLOYMENT HAS
NO CONFLICT OF INTEREST WITH THE NATURE OF BUSINESS OF
PHILHEALTH**

I, Mr./Ms. _____, of legal age,
presently residing at _____
do hereby declare that I am not in anyhow related or affiliated with any of the Philippine Health
Insurance Corporation's Accredited Health Care Providers.

That my application for employment has no conflict of interest with the nature of business
of the Corporation.

Signed at Pasig City on _____.

Signature over Printed Name of Applicant