



Attach One (1)
2" x 2"
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MINI DEPOT CENTER (MDC)

RHM PREVENTIVE HEALTH CARE CENTER (RHM-PHC)

APPLICATION FORM

Name: _____
Last Name *Given Name* *Middle Name*

Home Address: _____

Servicing Depot: ☐ Ortigas ☐ Cebu ☐ Davao

Birthday: ____ / ____ / ____ Age: ____ Birthplace: _____ Sex ☐ M ☐ F

Telephone No.: _____ Cellphone: _____

Email: _____ Fax No.: _____

Requested Area/Site Address: _____

List of Requirements:

Duly accomplished Application Form

2 pcs. 2x2 ID picture

Site Information

- Description of Location - commercial establishments within the area, schools, banks, population etc.
- Site Map/ Picture
- Picture of existing EPC is applying for upgrade to Mini Depot/RHM Preventive Healthcare Center

Application for :

- () Mini Depot / RHM Preventive Healthcare Center
- () RHM Preventive Healthcare Center

MDC/RHM-PHC EVALUATION FORM

PRIVACY POLICY ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION
PLEASE ANSWER ALL QUESTIONS COMPLETELY AND CLEARLY.

PERSONAL INFORMATION LAST NAME FIRST NAME MIDDLE NAME					SOCIAL SECURITY NUMBER	
DATE OF APPLICATION			BIRTHDATE	CELL PHONE	HOME TELEPHONE NUMBER	
CURRENT ADDRESS CITY STATE ZIP						HOW LONG?
PREVIOUS ADDRESS CITY STATE ZIP						HOW LONG?
Do you OWN your home?	Do you RENT your home?	SINGLE	MARRIED	WIDOWED	SEPARATED	
FULL NAME OF SPOUSE			OCCUPATION OF SPOUSE			
NAMES AND AGES OF DEPENDENT CHILDREN						

APPLICANT'S MDC/RHM-PHC PLANS WILL THE CENTER BE OWNED AND OPERATED BY YOURSELF OR A GROUP?	
PLEASE EXPLAIN FULLY	
WHEN WOULD YOU LIKE YOUR LOCATION TO OPEN? (circle) Within 6 months Within 12 months Within 18 months	
TERRITORY FOR WHICH APPLICATION MADE ? ARE YOU AN EXISTING EPC OWNER UPGRADING TO MINI DEPOT ? IF YES , STATE LOCATION OF EPC LOCATION	WOULD YOU CONSIDER ANY OTHER AREA? IF SO, WHAT AREA(S)

PHYSICAL CONDITION INCOME GENERAL PHYSICAL CONDITION	DATE OF LAST PHYSICAL EXAM /	YEAR _____ EARNED (salary, commissions, fees, etc.) P _____
LIST ANY PHYSICAL IMPAIRMENTS OR CHRONIC ILLNESSES WHICH MAY PRECLUDE CERTAIN TYPES OF ACTIVITIES		INTEREST & DIVIDENDS RECEIVED IF OWN BUSINESS P _____
EXPLAIN		OTHER INCOME P _____ Nature _____ P _____ Nature _____ GROSS INCOME P _____

CONTINGENCIES Do you have any contingent liabilities? If so, please itemize . Are any of your assets pledged? Are you a defendant in any lawsuits or legal actions? Have you ever taken bankruptcy? Have you ever been charged with or convicted of a felony ? If so, please explain.
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REFERENCES PLEASE LIST THREE PROFESSIONAL AND CHARACTER REFERENCES – NAME-ADDRESS-TELEPHONE 1. 2. 3.
LIST THREE CREDIT REFERENCES-NAME-ADDRESS-TELEPHONE 1. 2. 3.

BANK REFERENCES

(Provide notify bank, authorization for background check once application is in process)

NAME	ADDRESS	CHECKING ACCOUNT	SAVINGS ACCOUNT	CONTACT NAME/NUMBERS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The intended purpose of this application is for information only and is not binding with VHCPI or the Applicant(s).

I (We) confirm that all the information supplied within this application is complete and accurate in all respects. The undersigned(s) hereby authorize the release of any and all information by the above-listed references as may be pertinent to this application.

Signed: _____ Date: _____

Signed: _____ Date: _____