



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226
Tel. No. 8812-9015 * Fax No. 8812-9039

PERSONAL FINANCIAL STATEMENT

Applicant _____

Amount Applied For P _____ Plan _____

Total Insurance in Force P _____ No. of Dependents _____

Assets

Cash, stocks and bonds P _____
Real Estate _____
Business Equity _____
Others (specify) _____
Total _____ P _____

Liabilities

Accounts Payable P _____
Personal Loans _____
Mortgage Loans _____
Others (specify) _____
Total _____ P _____

Net Worth

P _____

Details of Annual Income

	<u>Amount</u>	<u>Spouse</u>
Salary or Wages	P _____	_____
Bonuses	_____	_____
Others (specify) _____	_____	_____

Remarks:

Signed this _____ day of _____ at _____

WITNESS

APPLICANT