

**CLIENT INFORMATION SHEET (INDIVIDUAL)**

Complete Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone No: \_\_\_\_\_Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TIN/SSS/GSIS No: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nature of Work: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Self-employment/Business: \_\_\_\_\_  
\_\_\_\_\_Sources of Funds: \_\_\_\_\_  
\_\_\_\_\_Name of Beneficiaries, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Assured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Policy No: \_\_\_\_\_

UNDG-157-0804-1

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