



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:

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Signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

WITNESS

APPLICANT