

How can we help you?



Good day! Thank you for taking time to answer this short survey.
Please rank the following needs in order of your priority today,
with 1 as the highest priority and 5 as the lowest.

<input type="checkbox"/> PROTECT	To retain my family's quality of life in case of uncertainties
<input type="checkbox"/> GROW	To maximize the potential of my investments
<input type="checkbox"/> PREPARE	To have enough funds for critical illness
<input type="checkbox"/> SECURE	To have ready-funds for my children's education and for my own retirement
<input type="checkbox"/> BOOST	To live a healthier and more active lifestyle

I am also interested to know more of:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Business Loan | <input type="checkbox"/> Foreign Currency |
| <input type="checkbox"/> Auto Loan | <input type="checkbox"/> Savings | <input type="checkbox"/> Others_____ |
| <input type="checkbox"/> Housing Loan | <input type="checkbox"/> Investments | (Please specify) |
| <input type="checkbox"/> Cash Loan | <input type="checkbox"/> Asset Protection | |

By signing this form, I hereby agree to: (a) talk to a Bancassurance Sales Executive for a free Financial Health Check; (b) receive a call or other means of communication using the details provided below for any future appointment/offers; and (c) authorize BPI, BFB, and BPI-Philam to share between them such information as disclosed in this form and/or during my meeting with the Bancassurance Sales Executive, in order for BPI, BFB, and BPI-Philam to: 1) improve the quality of their products and services, 2) comply with their obligations under applicable local and foreign laws, rules, and regulations, and 3) cross-sell their products and services.

Your Name:	Your Email Address:
Your Contact No.:	Your Birthday:
Your Signature:	



To be accomplished by **BANK:**

BRANCH NAME	REFERROR CODE / EMPLOYEE NUMBER
<input type="text"/>	<input type="text"/>
BRANCH CODE	SIGNATURE
<input type="text"/>	<input type="text"/>
CUSTOMER NUMBER	DATE
<input type="text"/>	<input type="text"/>
CUSTOMER SEGMENT <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 05 <input type="checkbox"/> Others	

To be accomplished by **BANCASSURANCE SALES EXECUTIVE:**

BSE NAME	BSE CODE
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Walk-In <input type="checkbox"/> Referred <input type="checkbox"/> Lobby <input type="checkbox"/> WTM/Banca Day <input type="checkbox"/> Self-Gen <input type="checkbox"/> Customer Event <input type="checkbox"/> Estate Planning <input type="checkbox"/> Praxis <input type="checkbox"/> WTM Life Talks/BPinoy Money Talks <input type="checkbox"/> FC <input type="checkbox"/> Lifestyle Madness <input type="checkbox"/> Campaign <input type="checkbox"/> BPI Campaign List <input type="checkbox"/> BPLAC Existing Policyholders <input type="checkbox"/> Online	