

BROKER or CORPORATE AGENCY ACCREDITATION APPLICATION FORM

APPLICATION REQUIREMENTS	
Documentary	
<input type="checkbox"/> Latest Financial Statement <input type="checkbox"/> Company Profile <input type="checkbox"/> Copy of BIR Certificate of Registration (2303) <input type="checkbox"/> Copy of Articles of Incorporation <input type="checkbox"/> Copy of By-Laws <input type="checkbox"/> Copy of SEC Registration	<input type="checkbox"/> Company I.D. and Government-issued I.D. (Passport, SSS, or Driver's License) of the authorized signatories (Issuing Secretary and Certifying Signatories) <input type="checkbox"/> HMO Broker License issued by the Insurance Commission (for Broker Applicant) <input type="checkbox"/> Letter of Intent Addressed to Maxicare's Chief Operations Officer and Consumer Officer

- Please correctly fill out the form (indicate N/A if not applicable).
- Fields with check marks need to be filled out.
- Applications without complete documents will not be processed.

<input checked="" type="checkbox"/> COMPANY INFORMATION
COMPANY NAME (as it appears in the Business Registration):
COMPANY ADDRESS:
EMAIL ADDRESS:
TELEPHONE NO:
BUSINESS TIN NO:
SEC REGISTRATION NO:
IC REGISTRATION NO:
BANK ACCOUNT NAME AND NUMBER:

<input checked="" type="checkbox"/> BOARD OF DIRECTORS	
COMPLETE NAME	% OF OWNERSHIP

<input checked="" type="checkbox"/> AUTHORIZED SIGNATORIES			
COMPLETE NAME	DESIGNATION	CONTACT NO.	TIN

I declare that the statements and particulars in this application are true and that no material facts have been misstated, misrepresented, or suppressed after enquiry. I agree that this application, together with any other information supplied by me shall form the basis of Maxicare's accreditation validation. I undertake to inform Maxicare of any material alteration to those facts that occurred prior to the approval of my application. I agree that the information I supplied in this application form will be used by Maxicare to fulfill its governmental duties such as, but not limited to tax withholding and income reporting. I also take full accountability and responsibility for any errors that may occur because of misreporting of the pertinent data. I agree to be subjected to a full background check. I agree that this application shall become part of Maxicare property, and that Maxicare shall have the right to approve or disapprove this application at its sole discretion, and without obligation to disclose the reason in case of disapproval.

I hereby acknowledge that I have read and understood the Privacy Notice published at <https://www.maxicare.com.ph/privacy-notice/> and hereby voluntarily give my consent for Maxicare to collect, process, and use my personal information for the purposes related to my accreditation. Further to this, I also agree that Maxicare may disclose my personal information to persons/parties relevant to my transactions with Maxicare and other business related matters. Concurrently, I give my consent for my records to be reviewed, updated annually, and retained to a maximum of 5 years upon fulfillment of purposes declared herein.

SIGNATURE OVER PRINTED NAME (WITH DESIGNATION)

DATE