



Maxicare Healthcare Corporation

BROKER ACCREDITATION FORM

Issuer: Sales Support
 Effective Date: February 15, 2015

Form No. FO-SS-0.016
 Revision no. 00

Kindly fill out the application form completely. For details not applicable, please indicate N/A.

COMPANY INFORMATION

COMPANY NAME (as indicated in the business registration)	
COMPANY ADDRESS:	
TEL. NO (REQUIRED) :	EMAIL ADD:
SEC Registration Number (REQUIRED) :	
IC Registration Number (REQUIRED) :	BUSINESS TIN (REQUIRED) :

BOARD OF DIRECTORS

COMPLETE NAME	% OF OWNERSHIP

AUTHORITY LEVEL

AUTHORIZED SIGNATORY/IES	DESIGNATION	CONTACT NO.	TIN

REQUIRED DOCUMENTS FOR BROKER ACCREDITATION:

- Accomplished Broker's Application Form
- Latest Financial Statement
- Company Profile with complete details of:
 1. Complete Company Address
 2. Products and Services carried
 3. Affiliations (life insurance, non-life, etc.)
- Copy of BIR Certification/ registration
- Copy of Articles of Incorporation
- Copy of By-Laws
- Notarized Secretary's Certificate
- Copy of SEC registration
- Letter of Intent addressed to MS. NELISSA BADAL

I hereby certify that all statements made hereunder, to the best of my knowledge are true and correct.

 (Signature over printed name)
AUTHORIZED REPRESENTATIVE

BROKER ACCREDITATION APPROVED BY:

MS. CECILIA L. DAVID
 AVP – New Business Intermediary
 Broker
 MAXICARE HEALTHCARE
 CORPORATION

 ACCREDITATION MANAGER
 MAXICARE HEALTHCARE
 CORPORATION

 Business Development Manager
 MAXICARE HEALTHCARE
 CORPORATION