

CUSTOMER INFORMATION (CORPORATE) - KNOW YOUR CUSTOMER (KYC) FORM

Entity Name:

Country of Incorporation:

Incorporation/Business License Date:

DD/MMM/YYYY

TIN:

Principal Business Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Billing Address:

Business Contact No.:

E-mail Address:

Nature of Business:

Name of Authorized Representative/Transactor/Signer:

Notarized Secretary's Certificate/Board Resolution/Equivalent Document confirming signing authority must be submitted.

Email Address of Authorized Representative/Transactor/Signer:

Government-issued ID & ID No.:

TIN:

ULTIMATE BENEFICIAL OWNER INFORMATION

Name:

Last Name

First Name

Middle Name

Suffix

Date of Birth:

DD/MMM/YYYY

Place of Birth:

Citizenship / Nationality:

Sex:

Address:

Contact No.:

Source of Funds:

☐ Salary

☐ Business Profits

☐ Investments

☐ Others:

Please specify

If the Source of Funds is salary, please tick the corresponding monthly salary range:

☐ Below Php 15,000

☐ Php 15,000 to Php 30,000

☐ Php 30,001 to Php 50,000

☐ Php 50,001 and above

List of Principal Stockholders owning at least 20% of the capital stock:

PEP Questionnaire: Are you a Politically-Exposed Person ("PEP")?

☐ Yes ☐ No

If Yes, please provide details. A PEP is someone who holds, or has held a public position (like a senior government official), as well as their immediate family members and close associates.

DECLARATION

I HEREBY DECLARE and warrant that the information provided above are true and correct. Further, I agree and acknowledge that during the effectivity of the policy to be issued: (1) In case the FPG Mercantile is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended, and relevant issuances of the IC, the AMLC, and other competent authorities, due to the fault of the client, FPG Mercantile may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship. The exercise of FPG Mercantile of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. (2) be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

Signature over Printed Name

Date

DATA PRIVACY CONSENT FORM

By signing this form, I consent to the processing of my personal information, and agree that FPG Mercantile Insurance Co., Inc. ("FPG Mercantile") may process the said information for legitimate purposes such underwriting, processing claims, business analysis, meeting legal and regulatory requirements, and sending marketing information. Further, I acknowledge that FPG Mercantile may share my information with its related companies, authorized representatives, business partners, service providers, insurers, regulators, and other parties when required or authorized by law. I acknowledge FPG Mercantile may keep my personal information while my business relationship with them is active and for five (5) years after it ends. I understand that the foregoing is supplemented by the Privacy Notice posted on FPG Mercantile's website and can be accessed via <https://fpgmercantile.com/about/privacy-policy/>.

Signature over Printed Name

Date

We put premium on your rights as a data subject. If you have concerns regarding this form, the personal information you supplied, please feel free to contact FPG Mercantile's Data Protection Officer through the following:

FPG Mercantile Insurance Co., Inc.
11th Floor Zuellig Building, Makati Avenue corner Paseo De Roxas, Makati City 1225

• (02) 8859-1200 | (02) 7944 1300

• ph-dataprivacy@fpgmercantile.com

FOR FPGM EMPLOYEES ONLY

☐ Original Documents Received

☐ Received copies verified with originals

Name/Signature of FPGM Employee/Agent:

Date Accomplished: