

Generali Life Assurance Philippines, Inc.
 10th Floor, Petron Mega Plaza
 Sen. Gil J. Puyat Ave., Makati City
 1227 Philippines
 T +632 8888 0808
 F +632 8868 3388
 www.generali.com



APPLICATION FOR GROUP INSURANCE

Policyholder	
Nature of Business	
Address	
Tax Identification Number	
Telephone Number/s	Fax Number/s
List of Directors/Partners (Please use additional sheets if necessary)	
_____	_____
_____	_____
_____	_____
List of Principal Stockholders owning at least 20% of the capital stock (Please use additional sheets if necessary)	
_____	_____
_____	_____
_____	_____
Beneficial Owners (if any)	
Name of Authorized Representative	
Position/Title	
Email Address	Telephone Number/s

hereby applies for a

Plan _____

Rider/s _____

It is understood that all the insurance benefits and principal terms and conditions contained in the formal proposal and in the subsequent amendatory communications relating thereto, if any, which we have finally accepted shall be fully embodied in the Group Master Policy applied for. Said Policy together with this application shall constitute the entire contract between the parties hereto.

Effective Date of the Policy: _____

SIGNED AT _____ ON _____, 20 _____

By:

Witnessed By:

PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY

PRINTED NAME AND SIGNATURE