

AUTO – CREDIT ARRANGEMENT FORM

Please submit accomplished form to glapiproviderrelations@generali.com.ph. Rest assured that all information obtained shall be kept confidential and shall be used by GLAPI for the purpose of facilitating faster payments of its accredited providers.



RELATION WITH GENERALI: ___ACCREDITED DOCTOR ___ACCREDITED HOSPITAL / CLINIC PROVIDER

FULL NAME OF DOCTOR / HOSPITAL / CLINIC: _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

TIN: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

BANK NAME: _____

BANK LOCATION: _____

HOME ADDRESS (Registered on the bank): _____

TYPE OF ACCOUNT: ___ Savings ___ Current ___ Others (please specify): _____

PRIVACY NOTICE:

By signing below, you agree and give consent to GLAPI to disclose and share the Personal Data to the following:

- Between and among Generali Group for lawful purpose such as verification of identity in accordance with the Company's prescribed verification procedure, business development, data processing, analysis and management, surveys, product and service offers, account servicing, marketing activities, risk management purposes, collections purposes;
- Accredited third party service providers and vendors necessary for the purposes of carrying out GLAPI products and services;
- Government or regulatory bodies or any person to whom GLAPI must disclose data: (a) under a legal and/or regulatory obligation in that jurisdiction applicable to GLAPI; or (b) pursuant to an agreement between GLAPI and the relevant government regulatory body or other person.

The sharing of personal data shall only be made when legally necessary and shall be limited to the purpose stated therein. Your personal information shall be retained by GLAPI throughout the duration of your plan and until the retention period set by applicable laws, rules and regulations.

Provider (Hospital/Clinic) Name: _____ **Doctor's Full Name:** _____

Signature over printed name of Doctor / Bank Account Holder / Authorized Representative

Date Signed

Should you have further queries or clarifications relative to this the ACA enrolment, please feel free to contact us at (02)8580-6621(9am-5pm) or at glapiproviderrelations@generali.com.ph.