

Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
Manila

**APPLICATION FOR REGISTRATION AS RESIDENT AGENT
OF AN UNAUTHORIZED FOREIGN INSURER OR BROKER**

(To be accomplished by the applicant who must be a citizen
and resident of the Philippines)

The Insurance Commissioner:
Manila

Sir/Madam:

The undersigned resident agent of _____

hereby applies for registration, pursuant to the provisions of Chapter IV, Title 3 of the Insurance Code, as amended (RA 10607) and for that purpose submits the following statements and answers to the questions contained in this application:

1. Name of applicant: _____
2. a) Date of Birth: _____ b) Place of Birth: _____
c) Sex: _____ d) Civil Status: _____ e) Citizenship: _____
3. Business Address: _____
4. Residence Address: _____

(If applicant is a naturalized citizen of the Philippines, attach photostatic copy of certificate of naturalization.)

5. Is the applicant duly authorized to receive notices, summons and legal processes for and in behalf of the foreign insurer or broker he represents in connection with the action or other legal proceedings in the Philippines against such foreign insurer or broker? _____ If yes, attach copy of the power of attorney duly notarized and authenticated by the Philippine consul in the place where such foreign insurer or broker is domiciled.
6. Is the applicant duly covered by insurance against all liability that may arise in connection with the performance with the performance of his duties as such resident agent? _____ If yes, attach copy of the policy of insurance to that effect.
7. What experience and/or training has the applicant in the insurance business? _____
State in what branches or kinds of insurance, in what capacity, and where and when engaged.

8. State the amount of fee received as resident agent. _____
9. Submit copy of certificate of authority or license or registration certificate of the principal duly certified to by the insurance supervisory or its equivalent where said principal is authorized to do insurance business.
10. Submit copy each of the audited financial statement of principal for the least three (3) years.
11. State below the names and addresses of four (4) responsible persons for reference.

Name	Occupation	Post Office Address
1.		
2.		
3.		
4.		

Executed this _____ day of _____ 20 _____, at _____
 _____, Philippines.

Applicant

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
Province/City of _____) S.S.

I, _____, being duly sworn, depose and say that I am the person named in and who signed the foregoing application; that I know that the contents thereof and the statements made and answers to questions therein are true.

Applicant - Affiant

TIN _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____
20 _____, applicant - affiant exhibited to me his/her Community Tax Certificate No. _____
issued on _____, _____ 20 _____, at
_____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

APPROVED AND COUNTERSIGNED for _____ *(Insurance Company)*

_____ to act as insurance/general agent of the insurance company in the negotiation, solicitation or sale of authorized life/non-life or other line of insurance products/policies in accordance with the agency agreement, Insurance Commission's circulars and Insurance Code. We promise to inform the Insurance Commission in case of the termination of the services of the agent or the agency agreement.

Authorized Representative of the Company

Note: This form may be revised without prior notice.