



STRONGHOLD
INSURANCE COMPANY, INCORPORATED

BEWISER
PHILIPPINES

STRONGHOLD INSURANCE CO., INC.
17th Floor, Security Bank Center,
6776 Ayala Avenue, Makati City
Tel No.(s) 891-1329 to 37
Fax No. 891-1640

Application for Compulsory Insurance Coverage for AGENCY/ DIRECT HIRED MIGRANT WORKERS
(INDIVIDUAL APPLICATION FORM)

INSTRUCTIONS: Please ensure that the application form is properly filled out.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

MEMBER'S PERSONAL INFORMATION

FULL NAME: _____ Transaction ID: _____
Last Name _____ First Name _____ Middle Name _____
PRESENT ADDRESS: _____
PROVINCIAL ADDRESS: _____
DATE OF BIRTH (mm/dd/yyyy): _____ AGE: _____ PLACE OF BIRTH: _____ GENDER: _____
CIVIL STATUS: _____ NATIONALITY: _____ E-MAIL ADDRESS: _____
CONTACT NO.(Telephone): _____ (Cellphone): _____ PASSPORT DETAILS: Passport No.: _____
SSS NO.: _____ TIN NO.: _____ Expiry Date: _____

DEPENDENT INFORMATION

FULL NAME OF BENEFICIARY/IES	RELATIONSHIP TO INSURED	DATE OF BIRTH	SHARING (OPTIONAL)	REVOCABLE/ IRREVOCABLE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

NOTE: Unless a special request is made as to the relative share of beneficiary/ies proceeds will be allocated equally among the surviving beneficiary/ies

EMPLOYMENT INFORMATION

NAME OF RECRUITMENT AGENCY: _____
ADDRESS: _____
Employer Name: _____
Employer Address: _____
CONTACT NO. (Telephone/Cellphone): _____ TERM OF CONTRACT: _____
COUNTRY OF DEPLOYMENT: _____ NATURE OF BUSINESS: _____ POSITION: _____
DATE OF EMPLOYMENT (mm/dd/yy): _____

I hereby certify to the truth and completeness of foregoing answers.

Signature over Printed Name of Applicant

Right Thumbmark
(If unable to affix signature)

Date

FOR COMPANY USE ONLY

POLICY NO.: _____ EFFECTIVE DATE: _____ CERTIFICATE NO.: _____
APPROVED BY: _____ DATE: _____