

**LAKAN MUTUAL BENEFIT ASSOCIATION, INC. (LAKAN MBAI)**Unit 704, 7/F Tower C, Regalia Park Towers, 150-P. Tuazon Avenue Cubao, Quezon City  
Tel. No. (02)8643-5066 / Cell # 0917-1025221; TIN No.: 009-022-312-000; Email Address: pnpalakanmbai@gmail.com**APPLICATION FOR MEMBERSHIP****MCNo.**

Name							
Address							
Tax Account No.		Civil Status		Gender		Cell. No.	
Place of Birth				Birth Date			
Branch of Service/Employer Name				Class			
Rank/Occupation (state duties)				Email Address			
Source of Income							
Membership	<input type="checkbox"/> Regular <input type="checkbox"/> Affiliate			Account #:			
<input type="checkbox"/> TIN <input type="checkbox"/> SSS <input type="checkbox"/> GSIS <input type="checkbox"/> Other ID No.							
Name(s) of Beneficiary(ies)	Birth date		Relationship to Applicant				
Subject to Office Validation:							
Contribution							

I hereby declare that I am in good health and entirely free from any physical or mental impairment and that during the last 5 years, I have not consulted or been treated or examined by a doctor for any disease or injury for more than 2 weeks or been confined to a hospital for any length of time or had surgical operation before. I understand that any contribution due remaining unpaid at the end of the Grace Period shall automatically be paid as a loan against the Equity Value, if any.

Thumbmark if  
unable to sign

I hereby allow LAKAN Mutual Benefit Association, Inc. (LAKAN MBAI) to utilize the information I supplied in this application as basis for any subsequent application for insurance coverage. I signify my consent and agree that LAKAN MBAI: (a) may collect, use, and disclose my personal data as provided in this document or obtained by LAKAN MBAI as a result of being its member, for the purpose of processing this document and (b) may disclose and share the said information to its subsidiaries and/or affiliates, reinsurer or regulatory authorities. It is understood that I have a right to revise the information that I have provided including the deletion of the given information in accordance with the Data Privacy Act of 2012 and the data protection policy of LAKANMBAI.

\_\_\_\_\_  
**Signature of Applicant**\_\_\_\_\_  
**Date**

For Office Use Only	Authorized Signatory/Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Others:	

**AUTHORITY TO DEDUCT**

I hereby declare that with my application with the Lakan Mutual Benefit Association, Inc., it is understood and agreed that this insurance coverage shall take effect on the first day of the month for which the payroll deduction is made, if the payment is made thru automatic salary deduction or the actual date of payment of first contribution, if directly paid to LAKAN MBAI.

I hereby authorize LAKAN MBAI, to secure from any government office such as the Philippine National Police (PNP) Bureau of Fire Protection (BFP), Bureau of Jail and Penology (BJMP) and the Philippine Statistic Authority (PSA), any or all information and documents relating to my membership such as but not limited to birth certificate (member and beneficiaries), Service Record (member) and advisory on marriage (member and spouse)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Date \_\_\_\_\_ Monthly Contribution ₱ \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Quezon City, Metro Manila. Affiant exhibiting to me his \_\_\_\_\_ I.D. No. \_\_\_\_\_, issued on \_\_\_\_\_ at \_\_\_\_\_.

NOTARY PUBLIC

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