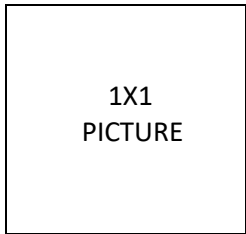




Fortune General Insurance Corporation
 4/F Citystate Centre, 709 Shaw Blvd., Pasig City, Philippines
 Trunk Line: (632) 706-3959
 Fax: (632) 706-3984; 706-5099
 URL: www.fortunegeneral.com.ph
 Facebook: www.facebook.com/fortunegeneral.insurance



AGENT'S INFORMATION SHEET

Name _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address _____
(HOUSE NO.) (STREET/SUBD./ BRGY.) (MUNICIPALITY/ CITY) (ZIP CODE)

Contact No. _____	Nickname _____
Email Address _____	Birthdate (MM/DD/YY) _____
Citizenship _____	Birthplace _____
Civil Status _____	Gender _____
TIN _____	SSS No. _____

Business/ Agency Name _____
 Business Address _____
 Business Telephone No. _____

INSURANCE COMPANY/IES REPRESENTED

Company Name	Year of Service	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR FGEN USE ONLY

Agent Code _____	Branch Head _____
IBM _____	Regional Head _____
Branch _____	Solicitor _____
	(Signature over printed name)



Signature and Date



Signature and Date

Department of Finance
INSURANCE COMMISSION

APPLICATION FOR INSURANCE AGENT'S LICENSE
(Under Chapter IV, Title I of the Insurance Code)

To the Insurance Commissioner:

The undersigned hereby applies for a license under the provisions of Chapter IV, Title I of the Insurance Code, to act as insurance/general agent of Fortune General Insurance Corporation in respect of the kind of insurance indicated herein:

- NON-LIFE LIFE VARIABLE LIFE ACCIDENT AND HEALTH
 Others (please specify) _____

and for that purpose submits the following statements and information required herein.

(Agency Name if any)

- Name of applicant: _____
(Surname) (First Name) (Middle Name)
- Agent Type: Ordinary Agent (___) General Agent (___)
- Home Address: _____
Business address: _____ Zip Code _____
T I N: _____ E-mail Address: _____
Mobile Number: _____
- Birth a) Date: _____ b) Place: _____
- Citizenship: _____ Sex: _____ Civil Status: _____
- If married, a) Maiden Name: _____
b) Husband's or Wife's Name: _____
- If naturalized citizen of the Philippines, give date and place of naturalization and attach photocopy of certificate of naturalization. _____

FOR IC USE ONLY

Verified by: _____ Date: _____ Processed by: _____ Date: _____
Approved by: _____ Date: _____
License Fee: _____ OR No. _____ Date: _____ CA No. _____

REMARKS:

Application for Insurance Agent's License
Insurance Commission

8. If applicant is a foreigner, give serial number, date and place of issue of alien certificate of registration (ACR) and the immigrant certificate of residence (ICR) for the current year and attach photocopy of each thereof _____.
9. If applicant is a partnership, association or corporation:
- a) Attach a certified true copy of the certificate of registration, articles of partnership, association or incorporation and by-laws:
 - b) State percentage of Filipino participation in the partnership, association or corporation:

10. Any license previously granted to act as insurance/general agent in this country? State name of insurance company represented. _____
11. Have you filed your income tax return for the preceding year? ____ If not give reason.

12. In the blanks below, state your last (2) employers.

Name of Employer	Position	Inclusive Dates

13. Are you an official or an employee of an insurance company or broker? ____ If yes, give the position held: _____.
14. Are you a government employee? ____ If yes, attach the necessary clearance/permission from the Head of the Department or Agency in accordance with Section 18, of Memorandum Circular No. 15, series of 1999 of the Civil Service Commission.

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 the contents thereof and the statements made and answers to question therein are true.

Affiant

TIN _____

SSS No. _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____,
Affiant/s exhibited to me his/her _____ issued on
_____ 20 _____, at _____.

Notary Public

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

APPROVED AND COUNTERSIGNED for Fortune General Insurance Corporation
for the solicitation or procurement of application for life/variable/non-life insurance

MARILOU M. MORADA
SAVP - HR & Agency Services
Authorized Representative of the Company

Note: This form may be revised without prior notice.

CERTIFICATE OF WAIVER

WE HEREBY CERTIFY:

That we know the applicant _____, that a thorough investigation has been made into his/her character, conduct and fitness; he/she is of good moral character and worthy of a Certificate of Authority, and that he/she has had experience in each of the kinds of insurance he/she proposes to write or solicit under the Certificate of Authority applied for.

That we have communicated with the former and present employees of the applicant and the replies have been satisfactory.

That to the best of our knowledge, information and belief, all statements and answer contained in the application have been in the handwriting of the applicant with respect to the questions applicable to him/her.

If and when the agency is terminated, written notice thereof will be given forthwith to the Insurance Commission together with the reason therefore.

In consideration of the Certificate of Authority to be issued to the above-mentioned applicant, under the provision of Section 299 of the Insurance Code, we hereby waive, on behalf of –

FORTUNE GENERAL INSURANCE CORPORATION
(Company Name)

the right to appeal to the Secretary of Finance in case of revocation by the Insurance Commissioner of the certificate to be issued in favor of the above-mentioned applicant and agree to cancel at once the contract of agency between said applicant and the company upon receipt of the notice of revocation.

Executed in _____ on _____.

TIN 000-457-544

By **MARILOU M. MORADA**
SAVP - HR & Agency Services
Authorized Representative of the Company

N.B. No person, partnership, association or corporation required by Law to file an income tax return shall be issued a license to engage in any trade, business or occupation or practice a profession unless he shall have presented to the officer issuing such license or permit proof that he has filed his income tax return during the preceding year and that income taxes due have been paid thereon. For the purpose of this Act, a copy of such income tax return on which is shown a certification or statement by the Collector of Internal Revenue or his duly authorized representative that the aforesaid income tax return, and the corresponding receipts showing payment of all income taxes due thereon, shall be sufficient proof.

Any person, partnership, association or corporation who obtains a license mentioned in the preceding paragraph without presenting the aforementioned certification of the Collector of Internal Revenue or his duly authorized representative, under the pretext that he or it is not required by law to file an income tax return when in truth he or it is so required, or under any other misrepresentation, shall be liable to fine of not more than Five Hundred Pesos, or imprisonment of not more than one year or both, in the discretion of the Court. In case of partnership, association, the manager or the equivalent officer thereof shall be held responsible and in addition, the license shall be revoked. (Section 1, Republic Act No. 1538)