

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

AFFIDAVIT OF IDENTITY

I, Mr./Miss/Mrs. _____, of legal age and a resident of _____, hereby depose and state that:

1. I am a : _____ (relationship to Applicant)
of: _____ (name of Applicant)
of: _____ (address of Applicant)
2. Mr./Miss/Mrs. _____ (Applicant)
is known to me for: _____ (number of years)
because: _____ (state circumstances)
3. Mr./Miss/Mrs. _____ (Applicant)
does not know how to read and write.
4. Despite this limitations
Mr./Miss/Mrs. _____ (Applicant)
has expressed to me his/her desire to secure an insurance coverage over his life, with the following as his/her beneficiary/ies:

<u>Name of Beneficiary</u>	<u>Relationship to Insured</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. For this purpose, he/she applied for insurance on _____ (mm/dd/yy) with BPI-Philam per application number _____.
6. I read to him/her the contents of the said application and translated them in _____ (dialect) which is the dialect that he/she understands well.
7. To show his/her agreement with the terms contained therein, he/she affixed his thumbmark thereon.
8. I am executing this affidavit for the purpose of affirming Mr./Miss/Mrs. _____ (applicant).

AFFIANT FURTHER SAYETH NONE:

(AFFIANT)
Signature over printed name

WITNESSES:

Signature over printed name

Signature over printed name

SUBSCRIBED AND SWORN to before me, affiant exhibiting to me his/her Community Tax Certificate No. _____ issued on _____ in _____.

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

NOTARY PUBLIC
License expiry date: _____
PTR No.: _____
Issued on: _____
at: _____