

BSE Code

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POLICY NUMBER

NOTE: Fill out with block letters. Put on the tick boxes representing options.

PART I - CONTACT INFORMATION UPDATE

I agree to update my contact information record with BPI-Philam based on the details in this section.

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Preferred Mailing Address

Residence Office

House / Building / Lot No.,
Name of Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone : Residence Office

(

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ex: (044) 123-4567

Mobile Phone

+ 6 3 -

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ex: +63-900-1234567

E-Mail Address

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PART II - REQUESTED TRANSACTION

ENROLL IN e-NOTICE

I hereby confirm that my BPI-Philam e-Notice will replace my printed billing statements and I agree to no longer receive printed billing notices for the policy/policies enrolled in this facility.

Apply this enrollment to ALL my Policies Apply this enrollment only to these policies:

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I agree and authorize BPI-Philam to collect, record, organize, store, update, modify, retrieve, consult, use, consolidate, block, erase, destroy, transfer, and disclose any information (collected or held) to its affiliated companies (including but not limited to any of its subsidiaries/affiliates in the Asia Pacific Region), agents, accredited/affiliated third parties, whether local or foreign, with regard to matters of information pertaining to myself and this application or any updates thereof, for any legitimate business purpose, including but not limited to cross-selling, promote/conduct marketing and direct marketing activities, to provide advice or information covering products or services which BPI-Philam believes may be of interest to me, to effectively administer my policy/account enhance customer services, or to communicate with me for any purpose. This authorization remains valid and subsisting until such time that I have informed in writing BPI-Philam of such revocation/cancellation.

Place Signed

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Date:

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Owner's Signature over Printed Name

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BSE/Witness

PLEASE DO NOT SIGN ON A BLANK FORM.