

BENEFICIAL OWNERS SUPPLEMENTARY FORM

Instructions: This supplementary form will be attached to your policy. Please write in **CAPITAL LETTERS** using **BLACK** ink. Any erasure invalidates the answer/s to this form unless signed. Put a check ☒ in the appropriate checkboxes and write **"N/A"** if the field is not applicable. All fields are mandatory unless stated otherwise or not applicable.

POLICY NUMBER:

To be filled out by BPI AIA

BENEFICIAL OWNER 1

Last Name

First Name

Middle Name

Sex ☐ Male ☐ Female **Gender**

Honorific ☐ Mr. ☐ Miss ☐ Mrs. ☐ Others

☐ Dr. ☐ Atty. ☐ Engr.

Identification Numbers

Type of ID:

ID Number:

Email Address

Residence Address

House No./Building/Village, Street, and Barangay

District City/Municipality

Province Country

Date of Birth (DD/MM/YYYY) / /

Place of Birth
(Town/City, Country)

Country of Citizenship

Country of Nationality

Mobile Number

Home Number

Office Number

Preferred Contact No.: ☐ Mobile ☐ Home ☐ Office

CONTACT NUMBER - INTERNATIONAL

Please provide either mobile or landline number in the following format:
+44XXX-XXX-XXXX (Mobile) or **++442-528-2000** (Landline)

☐ Mobile ☐ Landline

+

Occupation

Specific Duties

☐ **Gov't Employee** **Government Office**

Name of Company

Nature of Business

DECLARATION REGARDING THE BENEFICIAL OWNER 1

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? ☐ **YES** ☐ **NO**
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? ☐ **YES** ☐ **NO**
- Have you ever been convicted of any criminal offence? ☐ **YES** ☐ **NO**

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.

DETAILS

BENEFICIAL OWNER 2

Last Name

First Name

Middle Name

Sex ☐ Male ☐ Female

Gender

Honorific

☐ Mr. ☐ Miss ☐ Mrs. ☐ Others

☐ Dr. ☐ Atty. ☐ Engr.

Identification Numbers

Type of ID:

ID Number:

Email Address

Residence Address

House No./Building/Village, Street, and Barangay

District

City/Municipality

Province

Country

Date of Birth (DD/MM/YYYY)

 / /

Place of Birth

(Town/City, Country)

Country of Citizenship

Country of Nationality

Mobile Number

Home Number

Office Number

Preferred Contact No.:

☐ Mobile

☐ Home

☐ Office

CONTACT NUMBER - INTERNATIONAL

Please provide either mobile or landline number in the following format:
+44XXX-XXX-XXXX (Mobile) or ++442-528-2000 (Landline)

☐ Mobile

☐ Landline

+

Occupation

Specific Duties

☐

Gov't
Employee

Government Office

Name of Company

Nature of Business

DECLARATION REGARDING THE BENEFICIAL OWNER 2

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? ☐ YES ☐ NO
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? ☐ YES ☐ NO
- Have you ever been convicted of any criminal offence? ☐ YES ☐ NO

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.

DETAILS

BENEFICIAL OWNER 3

Last Name

First Name

Middle Name

Sex ☐ Male ☐ Female Gender

Honorific ☐ Mr. ☐ Miss ☐ Mrs. ☐ Others

☐ Dr. ☐ Atty. ☐ Engr.

Identification Numbers

Type of ID:

ID Number:

Email Address

Residence Address

House No./Building/Village, Street, and Barangay

District City/Municipality

Province

Country

Date of Birth (DD/MM/YYYY) / /

Place of Birth (Town/City, Country)

Country of Citizenship

Country of Nationality

Mobile Number

Home Number

Office Number

Preferred Contact No.: ☐ Mobile ☐ Home ☐ Office

CONTACT NUMBER - INTERNATIONAL

Please provide either mobile or landline number in the following format:
+44XXX-XXX-XXXX (Mobile) or ++442-528-2000 (Landline)

☐ Mobile ☐ Landline

+

Occupation

Specific Duties

☐ Gov't Employee Government Office

Name of Company

Nature of Business

DECLARATION REGARDING THE BENEFICIAL OWNER 3

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? ☐ YES ☐ NO
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? ☐ YES ☐ NO
- Have you ever been convicted of any criminal offence? ☐ YES ☐ NO

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.

DETAILS

BENEFICIAL OWNER 4

Last Name

First Name

Middle Name

Sex ☐ Male ☐ Female **Gender**

Honorific ☐ Mr. ☐ Miss ☐ Mrs. ☐ Others

☐ Dr. ☐ Atty. ☐ Engr.

Identification Numbers

Type of ID:

ID Number:

Email Address

Residence Address

House No./Building/Village, Street, and Barangay

District City/Municipality

Province

Country

Date of Birth (DD/MM/YYYY) / /

Place of Birth
(Town/City, Country)

Country of Citizenship

Country of Nationality

Mobile Number

Home Number

Office Number

Preferred Contact No.: ☐ Mobile ☐ Home ☐ Office

CONTACT NUMBER - INTERNATIONAL

Please provide either mobile or landline number in the following format:
+44XXX-XXX-XXXX (Mobile) or **++442-528-2000** (Landline)

☐ Mobile ☐ Landline

+

Occupation

Specific Duties

☐ **Gov't Employee** **Government Office**

Name of Company

Nature of Business

DECLARATION REGARDING THE BENEFICIAL OWNER 4

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? ☐ **YES** ☐ **NO**
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? ☐ **YES** ☐ **NO**
- Have you ever been convicted of any criminal offence? ☐ **YES** ☐ **NO**

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.

DETAILS

DECLARATION AND AGREEMENT

I/We hereby confirm that all statements and answers contained in this supplementary form are true and complete and bind all parties in interest under the policy applied for. I/We hereby acknowledge and warrant that I/we have acquired the consent of all parties pertinent to this transaction to disclose their information for the proper administration and provision of services requested from this transaction.

Policy Owner's Name

Policy Owner's Signature

 / /

Date (DD/MM/YYYY)

Bancassurance Sales Executive's Name

BSE's Signature

 / /

Date (DD/MM/YYYY)