

Republic of the Philippines  
Department of Finance  
INSURANCE COMMISSION  
Manila

**APPLICATION FOR REGISTRATION AS RESIDENT AGENT  
OF AN UNAUTHORIZED FOREIGN INSURER OR BROKER**

(To be accomplished by the applicant who must be a citizen  
and resident of the Philippines)

The Insurance Commissioner  
Manila

Sir/Madam:

The undersigned resident agent of \_\_\_\_\_  
of \_\_\_\_\_  
hereby applies for registration, pursuant to the provisions of Circular Letter No. 73 of the  
Insurance Commission dated 9 December 1969, and for that purpose submits the  
following statements and answers and answers to the questions contained in this  
application:

1. Name of Applicant \_\_\_\_\_
2. (a) Date of Birth \_\_\_\_\_ (b) Place of Birth \_\_\_\_\_  
(a) Sex \_\_\_\_\_ (b) Civil Status \_\_\_\_\_ (c) Citizenship \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Residence Address \_\_\_\_\_

*(If applicant is a naturalized citizen of the Philippines, attach photostatic copy of  
certificate of naturalization.)*

5. Is the applicant duly authorized to receive notices, summons and legal processes  
for and in behalf of the foreign insurer or broker he represents in connection with  
the action or other legal proceedings in the Philippines against such foreign insurer  
or broker? \_\_\_\_\_ If yes, attach copy of the power of attorney duly notarized  
and authenticated by the Philippine consul in the place where such foreign insurer  
or broker is domiciled.
6. Is the applicant duly covered by insurance against all liability that may arise in  
connection with the performance of his duties as such resident agent? \_\_\_\_\_  
If yes, attach copy of the policy of insurance to that effect.
7. What experience and/or training has the applicant in the insurance business? State  
in what branches or kinds of insurance, in what capacity, and where and when  
engaged.)

8. State the amount of fee received as resident agent. \_\_\_\_\_
9. Submit copy of certificate of authority or license or registration certificate of the principal duly certified to by the insurance supervisory authority or its equivalent where said principal is authorized to do insurance business.
10. Submit copy each of the audited financial statement of principal for the least three (3) years.
11. State below the names and addresses of four (4) responsible persons for reference.

Name	Occupation	Post Office Address
1.		
2.		
3.		
4.		

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
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 that the contents thereof and the statements made and answers to questions therein are true.

\_\_\_\_\_  
Applicant-Affiant

TIN \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_, applicant-affiant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_, 200\_\_\_ at \_\_\_\_\_.

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NOTARY PUBLIC

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Page No. \_\_\_\_\_  
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