

Pls. attach
1x1 ID
picture

Republic of the Philippines
Department of Finance
INSURANCE COMMISSION

**APPLICATION FOR INSURANCE AGENTS'
WALK-IN EXAMINATION**

1. Full Name _____ / _____ / _____
(First Name) (Middle Name) (Last Name)
2. Address _____ Tel. No. _____
3. Place of Birth _____ Date of Birth _____ Sex _____
4. Citizenship _____ Civil Status _____ Occupation _____
5. If naturalized citizen of the Philippines, give date and place of naturalization. _____
6. Have you ever been discharged from any position (YES/NO)? _____ If so, state particulars. _____
7. Have you ever been convicted of any crime (YES/NO)? _____
8. Have you ever been granted a license or certificate of authority to act as insurance agent/variable agent/general agent in this country (YES/NO)? If yes, state name(s) of insurance company represented. _____
9. Kind of examination applied for (Life/Non-Life/Variable) _____
10. Insurance company represented _____

APPLICANT'S CUSTOMARY SIGNATURE
TIN _____ RC NO. _____

FOR IC USE ONLY:

Processed by _____ Approved by _____