



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
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Circular No. :	34-2005
Date :	November 23, 2005
Supersedes:	New

CIRCULAR LETTER

**TO : ALL LIFE INSURANCE COMPANIES DOING BUSINESS
IN THE PHILIPPINES**

**SUBJECT : ELECTRONIC COPY OF AGENTS' PROFILE AND
LICENSING INFORMATION**

In our thrusts of improving the service provided by our Licensing Division, we shall be implementing a computerized system in cooperation with the Philippine Life Insurance Association (PLIA) in the processing of your agents' application for licenses effective January 2006.

In line with this, we will be requiring all life insurance companies to submit the complete listings of their respective agents as of November 30, 2005 for our initial database.

The information is detailed in the attached file format. Submission will be in soft copy to the Licensing Division no later than December 15, 2005.

For strict compliance.

EVANGELINE CRISOSTOMO -ESCOBILLO
Insurance Commissioner



FIELD NAME	Data Type	Length	Reqd	Values	Format	Description	Remarks
Client_Type	char	2	Y	IN, CO		Determine whether client is an Individual, or a Company	No alphabets or symbols Required if Client Type is Company
TIN	char	9	Y			Tax Identification Number	
Company_Name	varchar	100	Y*			Name of Client if Company	
Last_Name	varchar	40	Y			Last Name of Client if Individual; or Last Name of Company Representative/Soliciting Officer	
First_Name	varchar	40	Y			First Name of Client if Individual; or First Name of Company Representative/Soliciting Officer	
Middle_Name	varchar	40	Y			Middle Name of Client if Individual; or Middle Name of Company Representative/Soliciting Officer	
RES_Add_1	varchar	30	Y*			Line 1 of Residence Address	Required if Client Type is Individual
RES_Add_2	varchar	30	Y*			Line 2 of Residence Address	Required if Client Type is Individual
RES_Add_3	varchar	30				Line 3 of Residence Address	
RES_City	varchar	30				City of Residence Address	
RES_Prov	varchar	30				Province of Residence Address	
RES_ZIP	varchar	5				Zip Code of Residence Address	
BUS_Add_1	varchar	30	Y*			Line 1 of Residence Address	Required if Client Type is Company
BUS_Add_2	varchar	30	Y*			Line 2 of Business Address	Required if Client Type is Company
BUS_Add_3	varchar	30				Line 3 of Business Address	
BUS_City	varchar	30				City of Business Address	
BUS_Prov	varchar	30				Province of Business Address	
BUS_ZIP	varchar	5				Zip Code of Business Address	
Birth_Date	date	8	Y*		YYYY/MM/DD	Date of Birth	Required if Client Type is Individual
Birth_Place	varchar	30	Y*			Place of Birth	
Citizenship	varchar	30				Citizenship	
Gender	varchar	2	Y*	M, F, N/A		Gender of Client	N/A if company
Civil_Status	varchar	30	Y*			Civil Status of Client	N/A if company
Maiden_Name	varchar	60				Maiden Name of Client, if married	Currently requested only in the Application Form if client is a married female
Spouse_Name	varchar	60				Name of Spouse of Client	
Naturalized_Date	date	8			YYYY/MM/DD	Date of Naturalization, for Naturalized Clients	
Naturalized_Place	varchar	30				Place of Naturalization, for Naturalized Clients	
ACR_Number	varchar	20				ACR Registration Number for Non-Filipinos	
ACR_IssueDate	date	8				ACR Registration Issue Date for Non-Filipinos	
ACR_Placelissue	varchar	30				ACR Registration Place of Issue for Non-Filipinos	
License_Type	varchar	8	Y	Life, Variable, PA		Type of insurance client is being licensed for	Includes Alpha characters as seen in the License
License #	varchar	10				License Number indicated on the License Card	
Valid From	date	8	Y		YYYY/MM/DD	Effectivity of License	
Valid To	date	8	Y		YYYY/MM/DD	Expiry Date of License	
Date_Issued	date	8	Y		YYYY/MM/DD	Date when License was released by IC	Initial/First issuance date
Cancel_Date	date	8			YYYY/MM/DD	Date when License was cancelled for any reason prior to expiry	

HEADER ROW

Char #	Description
01	"H"; Fixed identifier for Header Row
02 - 07	Total number of records, preceded by zeroes (0)
08 - 15	Date when file is requested for processing by IC, in the format YYYYMMDD
16 - 17	Two-digit Batch-number, to be assigned liberally by Insurance Company
18 - 25	ShortName of Insurance Company, agents included in the Upload File shall inherit this shortname as the Company Affiliation

* Characters 08 to 17 shall be used to controls duplicate uploads in the system

TRAILER ROW

Char #	Description
01	"T"; Fixed identifier for Trailer Row
02 - 07	Total number of records, preceded by zeroes (0)