

Republic of the Philippines Department of Finance INSURANCE COMMISSION 1071 United Nations Avenue Manila



USER REGISTRATION FORM Actuarial Division's Online Product Submission Portal

I. Type of Request:	
violations/incorrect us ☐ Deactivate (for acc	Information counts which have been locked/closed/deactivated due to age of the system and shall now be reactivated/rehabilitated) counts which need to be temporarily or permanently atted due to change in user, or other justifiable reasons)
II. Supporting Documents	<u>s:</u>
□ Copy of Governm□ Certificate of Emp	
III. <u>User Information:</u>	
Last Name:	
Middle Name:	
First Name:	
Company:	
Department/Division:	
Position:	
Valid company employee official email address:	
Signature:	
	on form, I agree and consent that to the extent required by law, the y collect, use, and process my personal information in accordance f 2012. Printed Name and Signature of User
Please wait for an email confi	rmation for your user credentials.
Authorization:	
relation to transaction with to Division's Online Product Su filing the necessary inform	rmation has been authorized by <u>(Company Name)</u> in the Insurance Commission (IC) on matters pertaining to the Actuarial abmission Portal. It is my responsibility to immediately inform IC by mation on eventuality of any change and/or modification covering amendment/s to any of the information.
Printe	d Name and Signature of Authorized Officer