

APPLICATION FORM

- 1 Insured's Pet Name: _____
- 2 Color of Pet: _____
- 3 Gender of Pet: _____
- 4 Date of Pet's Birth: _____
(If Date of Birth is unavailable, please indicate at least the estimated age of the Pet)
- 5 Breed of Pet: _____
- 6 Desired Insurance Plan Options (Plan A, B or C): _____
- 7 Pedigree Certificate No. (if any): _____
- 8 RFID No.(if any) : _____
- 9 Name of the Owner: _____
- 10 Occupation: _____
- 11 Date of Owner's Birth: _____
- 12 Address: _____
- 13 Name of Beneficiary _____
- 14 Relationship to the Beneficiary _____
- 15 Is the Pet to be Insured: (please check all that applies)

<input type="checkbox"/> A Stunt Pet	<input type="checkbox"/> Raised and used for Fighting
<input type="checkbox"/> Used for Military, Police or Security Services	<input type="checkbox"/> Raised and used for sports
<input type="checkbox"/> Home Pet	<input type="checkbox"/> Others (please specify): _____
- 16 Is the Pet to be insured undergoing yearly Physical Examination and receiving necessary check-ups and treatments recommended by a veterinarian to prevent illness/ injury? () YES () NO
- 17 Does the Pet to be Insured have history or underwent any operation or suffered from any sickness/ illness? () YES () NO

If YES, please provide the details of such operation or sickness/ illness (Please use back space for the details).

Has the Pet to be Insured been taking any pet vitamins? () YES () NO

If YES, please provide the details of such vitamins, as follows:

Brand name of the vitamins: _____

Frequency: () Daily () Weekly Others, please specify: _____

18 Has the Pet to be Insured undergone any vaccination/s? () YES () NO

If YES, please provide the details of such vaccination/s, as follows:

Type of vaccine _____

Purpose of vaccination _____

Frequency: () Weekly () Monthly () Quarterly () Yearly Others, please specify: _____

Kindly attach the following documents for the Underwriter's further review:

- a. **Pet Baby Book/ Veterinarian Records**
- b. **Veterinarian's Certification on the Insured Pet's Health, authenticity of the Pet Baby Book and Vaccination Records**
- c. **Pedigree Certificate**

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/ assessment/management, financial and tax monitoring/review/reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

AUTHORITY TO DISCLOSE I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/email/SMS/telephone, or any type of electronic facility.

AUTHORITY TO VERIFY INFORMATION I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

RIGHTS OF THE DATA SUBJECT I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

UNDERTAKING I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

DATE

SIGNATURE OF THE OWNER
OVER PRINTED NAME