PERSONAL INFORMATION SHEET FOR MEDICAL EXAMINER

<table>
<tr><td>Name: (last name, first name, middle name)</td><td>Age</td><td>Gender</td></tr>
<tr><td>Birthday (mm/dd/yyyy)</td><td>Birthplace</td><td>Citizenship</td></tr>
<tr><td>Civil status</td><td>Tel. no</td><td>Mobile no</td></tr>
<tr><td colspan="3">Residential address</td></tr>
<tr><td colspan="3">Clinic address</td></tr>
<tr><td colspan="3">E-mail address</td></tr>
<tr><td colspan="3">Peso savings account name________________________________
Branch of account____________________
Peso savings account number
• BPI (preferred) ___________________
• Metrobank ___________________
• Security Bank ___________________
Others: ___________________</td></tr>
<tr><td colspan="3">Tax Identification Number</td></tr>
</table>

EDUCATIONAL BACKGROUND and MEDICAL TRAINING

<table>
<tr><td>Name of medical institute:</td><td>Year graduated:</td></tr>
<tr><td>Physician licensure no:</td><td>Year exam taken:</td></tr>
<tr><td>Field of residency training :
Name of hospital and address:</td><td>Year graduated:</td></tr>
<tr><td>Field of fellowship training:
Name of hospital and address:</td><td>Year graduated:</td></tr>
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EMPLOYMENT RECORD (for the last five years only)

Period	Position	Employer

Are you currently or have you ever been an examiner for a life insurance company? _____

If so, name the companies and state the period of appointment:

Life insurance company	Period

Are you equipped with the following medical equipment? Please check as applicable:

___________ Sphygmomanometer

___________ Tape measure

___________ Portable Electrocardiogram

________Portable weighing scale

________ Chemical urinalysis set

What clinic or laboratory/ies are you affiliated with? ________________________________

Are you willing to examine clients at their place of business or residence? ________________

Who referred you to Pru Life UK? _____________________________________

References (provide at least two):

Name	Position	Address and telephone no.

By accomplishing this form, I hereby:

(a) attest to the truth and completeness of the foregoing information supplied; and

(b) agree to and authorize the lawful use, processing and storage by Pru Life UK of the forgoing information supplied and waive my right under Republic Act No. 10173 (the Data Privacy Act of 2012) and any such applicable data protection legislation which may be in force in the future in relation thereto. Signed this _______________________ at ____.

_______________________ M.D.

Signature over printed name

Submitted to: ______________________________

Date: ______________________________

(Please attach a copy of your valid PRC license and one government -issued ID)