

Know Your Customer (KYC) Form

Third-Party Disbursement (3PD)



PRU LIFE INSURANCE CORPORATION OF U.K.

9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Philippines
Office trunklines: (632) 683 9000, (632) 884 8484
Customer helpdesk: (632) 887 LIFE within Metro Manila, 1 800 10 PRULINK domestic toll-free
Email: contact.us@prulifeuk.com.ph • Website: www.prulifeuk.com.ph

REMINDER:

Please use **CAPITAL LETTERS** and **black ink**. Tick the appropriate box to indicate your choice.

POLICY NUMBER

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FOR OFFICIAL USE ONLY

BRANCH	TIME	AM/PM	RECEIVED BY/DEPARTMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL DETAILS OF ATTORNEY-IN-FACT

SURNAME		
<input type="text"/>		
GIVEN NAME		
<input type="text"/>		
MIDDLE NAME		
<input type="text"/>		
OTHER LEGAL NAME/ALIAS		
<input type="text"/>		
SALUTATION	GENDER	CIVIL STATUS
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="text"/>
DATE OF BIRTH (mm/dd/yyyy)	AGE	NATIONALITY
<input type="text"/>	<input type="text"/>	<input type="text"/>
PLACE OF BIRTH (city/province, country)		
<input type="text"/>		
PRESENT ADDRESS (number, street, municipality/city, province)		
<input type="text"/>		
COUNTRY	ZIP CODE	
<input type="text"/>	<input type="text"/>	
TELEPHONE NUMBER	MOBILE NUMBER	
<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS		
<input type="text"/>		

EMPLOYMENT AND INCOME DETAILS OF ATTORNEY-IN-FACT

(Please indicate details on employment and source of income.)

<input type="checkbox"/> EMPLOYED
OCCUPATION
<input type="text"/>
EMPLOYER
<input type="text"/>
NATURE OF WORK/BUSINESS OF THE EMPLOYER
<input type="text"/>
EMPLOYER/BUSINESS ADDRESS
<input type="text"/>
<input type="checkbox"/> SELF-EMPLOYED
<input type="text"/>
NATURE OF SELF-EMPLOYMENT/BUSINESS
<input type="text"/>
BUSINESS ADDRESS
<input type="text"/>
<input type="checkbox"/> OTHERS
<input type="text"/>

PROOF OF IDENTIFICATION SUBMITTED BY ATTORNEY-IN-FACT

<input type="checkbox"/> TIN	<input type="text"/>
<input type="checkbox"/> SSS/GSIS NO.	<input type="text"/>
<input type="checkbox"/> OTHERS	<input type="text"/>

Executed at on
PLACE DATE (mm/dd/yy)

POLICY DETAILS

NAME OF POLICYOWNER
<input type="text"/>
RELATIONSHIP OF ATTORNEY-IN-FACT TO POLICYOWNER
<input type="text"/>
REASON FOR THIRD-PARTY DISBURSEMENT
<input type="text"/>

Signature over printed name of **ATTORNEY-IN-FACT**

<input type="text"/>
