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Customer Care: +632 8884 7000
Domestic Toll-Free: 1 800 888 6268
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Email: phcustomercare@manulife.com

Customer Name (Last Name, First Name, Middle Name)		Date of Birth (MM/DD/YYYY)
Email Address	Mobile Number	

Which of these goals would you like to save for? Kindly rank the following according to your priority (1 being the highest and 4 being the lowest).

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Protection – Guarantee your family's well-being no matter what happens. | <input type="checkbox"/> Education – Provide your child with the best education possible. | <input type="checkbox"/> Investment – Explore other ways to grow your hard earned money. | <input type="checkbox"/> Retirement – Enjoy your retirement years in comfort & security. |
|---|--|---|---|

What else can we help you with?

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Auto Loan | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Savings & Deposit | <input type="checkbox"/> Asset Protection |
| <input type="checkbox"/> Housing Loan | <input type="checkbox"/> Business Loan | <input type="checkbox"/> Investment | <input type="checkbox"/> Others, pls. specify _____ |

Referred by (Name of Bank Personnel):

Declaration

By signing this form, I agree that the personal and sensitive information I have provided including data of the Proposed Insured, who has given his/her consent for purposes of this insurance application and other relevant Company forms, can be processed, shared, disclosed, transferred, or used by the Company and China Banking Corporation including their affiliates, subsidiaries, business partners, and third party service providers (whether within or outside the Philippines) for purposes of meeting my financial services requirements disclosed above, underwriting and approving my application, marketing, promoting and getting feedback on the Company's products and services, measuring client satisfaction, profiling of customers, doing customer surveys, conducting data analytics, doing automated data processing, sending of communications/correspondences related to the commercial relationship and transaction, complying with any reportorial and regulatory requirements of both local and foreign authorities and for other reasonable and commercial purposes related to the services provided as stated in the Company's Customer Privacy Policy found in <https://www.manulife-chinabank.com.ph/Customer-Privacy-Policy>. I agree that I shall notify the Company in writing, which must be duly acknowledged by the Company, if I do not wish certain personal data I have provided to be shared.

I further agree that the Company and China Banking Corporation, including its subsidiaries and affiliates may provide information when required to do so in accordance with applicable law, by court order, and jurisprudence. I certify that the above information and all other information I have provided related to the commercial relationship and transaction are true and correct.

Customer Signature over Printed Name

Place Signed

Date Signed (DD/MM/YYYY)

For Bank Use

Referrer Name: _____

Branch Name: _____

MCBL Branch Code: _____

Referrer Code/Employee Code: _____

New Referrer Existing Referrer
Non-Officer Officer

Referrer Bank Account No: _____

Signature: _____

Date (MM/DD/YYYY): _____

For Financial Sales Associate Use

FSA Name: _____

FSA Code: _____

Source of Lead:

-
- Bank Referral
-
-
- Client Referral
-
-
- Lobby Marketing
-
-
- Policy Review
-
-
- Self-Generated Leads
-
-
- Others: _____

Referrer Declaration:

By signing this form, I agree and consent to the collection, use, processing, sharing, and storing of the personal and sensitive personal information (collectively "Personal Data") that I have provided including the details above by Manulife China Bank Life Assurance Corporation, Manulife Philippines, its employees and/or service providers (the "Company") for the purpose of processing and crediting the fee related to the referral of customers to the Company, and complying with any applicable reportorial or regulatory requirements.

As a data subject, and pursuant to applicable privacy laws, rules and regulations, I acknowledge that I have rights as a data subject, including the right to access, correct, and object to the processing of my Personal Data. However, I agree that I shall notify the Company in writing, which must be duly acknowledged by the Company, if I wish to access, correct, or object to the processing of certain Personal Data that I have provided.

Further, I agree that the Company may, despite my objection or withholding of consent, process or disclose my Personal Data if the Personal Data is required to be disclosed pursuant to any applicable law, court order, subpoena, and jurisprudence.

I certify that the above information and all other information that I have provided related to the above stated purpose/s are true and correct.