



PERSONAL DETAILS UPDATING FORM (PDU)

GENERAL INFORMATION

Planholder's Name:	Plan Agreement Number:

UPDATING OF PERSONAL DETAILS

Present Residence Address:

Home Phone Number (Landline No.)	Cellphone Number (Mobile No.)	Email Address

Source of Income

Employment – Private
 Employment – Government
 Business / Investment
 Others (Please specify):

Employer/Business Name	Nature of Work/Business	Occupation/Position

Have you served in any government office?	If YES, please specify the Office/Agency/Department	Position Held
<input type="checkbox"/> YES <input type="checkbox"/> NO		

DETAILS UPDATING AGREEMENT CLAUSE

I agree to supply the personal information, as provided above, for the purpose of processing my application for my claim against CFPI. I understand that my personal information collected will be stored in Caritas Group of Companies owned buildings and Data Center in compliance with the applicable laws and assurance of the Insurance Commission (IC), Anti-Money Laundering Council (AMLC) and other government agency. I acknowledge that CFPI is committed to protect this information and processes and does not share this information to any third party other than for the processing of the requested settlement. As Data Owner/Subject, I understand that I have the rights to access, to be informed, to object, to erasure or blocking, to rectify, to damages to data portability and right to file complaint.

In compliance with local and foreign regulatory requirements, I agree to inform CFPI within thirty (30) calendar days of the change in my circumstances, which makes any information on a document incorrect, and provide a new or updated identification document. Any update or change of information shall also apply to all other existing CFPI policies/plans. I agree that CFPI is required by law, regulation or otherwise, to provide any and/or all information, CFPI may disclose such information to competent authority involved in examining, processing, using, collecting, transferring, storing or disclosing the relevant information.

I understand that the purpose of submitting this form is to update my records on file only.

Signature over Printed Name	Date & Place Signed
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FOR RECEIVING USE ONLY

ID Presented:		ID Number:		Received & Verified by / Date:	
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FOR HEAD OFFICE USED ONLY

Customer Information No (CI)		Received by/Date		Remarks	
Processed by / Date		Scanned by/Date			