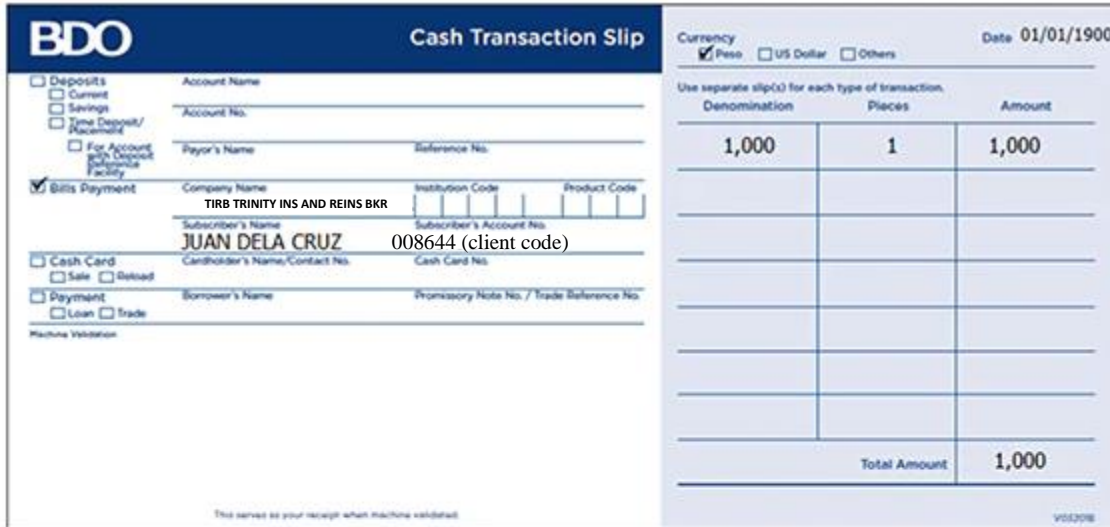


**Pay through BDO OTC**

1. Accomplish the Cash or Check transaction slip. In the company name, please indicate “**TIRB TRINITY INS AND REINS BKR**”



**BDO Cash Transaction Slip**

Currency:  Peso  US Dollar  Others Date: 01/01/1900

Use separate slip(s) for each type of transaction.

Denomination	Places	Amount
1,000	1	1,000
Total Amount		1,000

Account Name: \_\_\_\_\_  
 Account No.: \_\_\_\_\_  
 Payor's Name: \_\_\_\_\_ Reference No.: \_\_\_\_\_  
 Company Name: **TIRB TRINITY INS AND REINS BKR** Institution Code: \_\_\_\_\_ Product Code: \_\_\_\_\_  
 Subscriber's Name: **JUAN DELA CRUZ** Subscriber's Account No.: **008644 (client code)**  
 Cardholder's Name/Contact No.: \_\_\_\_\_ Cash Card No.: \_\_\_\_\_  
 Borrower's Name: \_\_\_\_\_ Promissory Note No. / Trade Reference No.: \_\_\_\_\_

This serves as your receipt when machine validated. V03208



**BDO Check Transaction Slip**

Currency:  Peso  US Dollar  Others Date: 01/01/1900

Local  On-us  HC/DD  Others


Use separate slip(s) for each type of transaction.

Bank/Branch	Check No.	Amount
BDO / Corporate Center	1	1,000
Total Amount		1,000

Account Name: \_\_\_\_\_  
 Account No.: \_\_\_\_\_  
 Payor's Name: \_\_\_\_\_ Reference No.: \_\_\_\_\_  
 Company Name: **TIRB TRINITY INS AND REINS BKR** Institution Code: \_\_\_\_\_ Product Code: \_\_\_\_\_  
 Subscriber's Name: **JUAN DELA CRUZ** Subscriber's Account No.: **008644 (client code)**  
 Borrower's Name: \_\_\_\_\_ Promissory Note No. / Trade Reference No.: \_\_\_\_\_

This serves as your receipt when machine validated. V03208

2. In the Subscriber Number field, please indicate your Client Code which is in your billing statement. Fill out the other information.

 <p><b>Always Eager to Serve You!</b>          No. 7504 Bagtikan St., San Antonio Village, Makati City          Tel No.: (632) 8810-1653 to 60 Fax No.:(632) 8814-8098</p>		<b>Billing Statement #</b> : BS-099756 PRINTED <b>Billing Statement Date</b> : 06/04/21 <b>Policy Order #</b> : PO-0270381 <b>Amount Due</b> : 5,000.00 <b>Due Date</b> : 06/30/21	
<b>BILLING STATEMENT</b>			
<b>Bill to</b>	: TRINITY PHILIPPINES CORPORATION	<b>Insurance Details</b>	
<b>Billing Address</b>	: 14B PHASE III LANGKAAAN DASMARINAS CAVITE, PHILIPPINES 4114	<b>Insurer</b>	: COCOLIFE
<b>Client</b>	: TRINITY PHILIPPINES CORPORATION	<b>Policy/Endorsement No.</b>	: HCP20-3218/2
<b>Client Code</b>	: 8644	<b>Insurer Tin</b>	: 000-604-739-000
<b>Client Tin</b>	: 000654985400	<b>Insurer Ref. #</b>	: 21-193644-0022
		<b>Inception Date</b>	: 05/31/21

3. Present the duly accomplished transaction slip and billing statement (if applicable) to the Client Service Associate/Teller.
4. **IMPORTANT:** Please don't forget to advise your assigned Account Specialist once you have settled your bill and send proof of payment to [collection@trinity-insures.com](mailto:collection@trinity-insures.com).