



STRONGHOLD
INSURANCE COMPANY, INCORPORATED



BUHAYBAHAY KABUHAYAN

Registration Form

STRONGHOLD

**Please print legibly.* COMPANY, INCORPORATED

Last Name: Celebrating

First Name: _____

Middle Name: _____

Branch Code: _____

Email: _____

Mobile No.: _____

60 YEARS

1960

2020

Authorized Signature: _____

STRONGER AT 60 YEARS AND BEYOND

Branch Manager: _____

Note: After filling out, please send an email to

microbbk@strongholdinsurance.com.ph