



APPLICATION FOR HANEP KABALIKAT INCENTIVE (HKI)

Important Instructions: (1) Please fill out this form and attach all original documents and submit to PSMBFI **within 90 days before or after the competition**; (2) Please ensure that **all pertinent information is completely accomplished**; (3) in the event of a voluntary termination of participating member(s) or failure to participate in competition, **the pro-rated amount of the HKI incentive or initial support released will be demanded in full.**

MEMBER GENERAL INFORMATION	
(To be accomplished by the patient/ member/ representative)	
Name of Member/ Team Representative (for Group Competition): 1. _____ 2. _____	Mobile Number _____ _____
Name of Competition	Email Address
Location of Competition:	Date of Actual Competition
Competing as a ☐ *Group (3 or more) ☐ Individual/ Solo ☐ Pair (2 participants) *For Group competition, please provide in a separate sheet names of other group participants	Partner Agency: _____
Requesting for: ☐ Initial Support (₱3,000) ☐ Gold Incentive (₱20,000.00) ☐ Silver Incentive (₱15,000.00) ☐ Bronze Incentive (₱10,000.00)	
Preferred Disbursement Media 1. For Member 1: ☐ Instacredit ☐ Bank Transfer ☐ Cheque ☐ Others _____ Reference Number: _____ Bank: _____ 2. For Member 2: ☐ Instacredit ☐ Bank Transfer ☐ Cheque ☐ Others _____ Reference Number: _____ Bank: _____	
To be evaluated by PSMBFI: 1. Is/Are applicant(s) members for at least a year? ☐ Yes ☐ No 2. For Pair/ Group Competition, how many are members? _____ 3. Is number of members listed is equal to members in (2) ☐ Yes ☐ No 4. Has any member filed for a voluntary termination during evaluation period? ☐ Yes ☐ No 5. Has member submitted proof of entry to ☐ Yes ☐ No 6. Is/Are member(s) cleared of past due issues? Please provide data on separate sheet ☐ Yes ☐ No	
Undertaking: In filing this application, the member(s) listed in this application assures their participation in the competition during the dates declared herein. Failure of the member to participate in said competition due to illness/ or any other reason except for cancellation of the event due to force majeure or any incident beyond the control of the applicant renders the incentive demandable and due upon the member's voluntary termination or attrition from the partner agency. _____ Signature over Printed Name of Member _____ Date Signed	