



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



**DECLARATION THAT MY APPLICATION FOR EMPLOYMENT HAS
NO CONFLICT OF INTEREST WITH THE NATURE OF BUSINESS OF
PHILHEALTH**

I, Mr./Ms. _____, of legal age,
presently residing at _____

do hereby declare that I am not in anyhow related or affiliated with any of the Philippine Health Insurance Corporation's Accredited Health Care Providers.

That my application for employment has no conflict of interest with the nature of business of the Corporation.

Signed at Pasig City on _____.

Signature over Printed Name of Applicant

