



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
City State Centre 709 Shaw Boulevard, Pasig City
Healthline 637-9999 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 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 _____.

Printed Name and Signature of Applicant