



HI-EISAI PHARMACEUTICAL, INC.
Unit 2, 22F, Tower 6789,
6789, Ayala Ave., Makati City, 1226

Housing Allowance Form

Name: _____

Date: _____

Lessor's Name: _____

Lessor's TIN: _____

Permanent Home Address: _____

Rental House Address: _____

Amount Applied: _____

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Single Accommodation

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Family Accommodation

Move in Date: _____

Reason for Applying: _____

(Applicant's Signature)

Additional Requirements:

- Notarized Rental Contract

Approved by: _____
Signature Over Printed Name

Position

Date Approved