



CUSTOMER INFORMATION FORM

PERSONAL LINES - NEW AND RENEWAL

The Proceeds of Crime Act (POCA) 2007 stipulates that certain client information be collected by Financial Institutions. In order to comply with the legislation, we require that you complete and return this form immediately. Failure to do so will prevent completion of the contract documentation.

Policy Number/Reference # (if any) _____

Customer's Name _____
Last First Middle Name

Otherwise Known as (aka) _____

Mother's Maiden Name _____
Last

Home Address (Apt#/Lot # & Street address) _____
(include directions, if no street address)

Mailing Address (if different) _____

Place of Birth _____ Nationality _____
(Parish/state & Country)

Contact #s _____
Home Work Cell

Date of Birth _____ E-Mail address (if any) _____
dd/mm/yyyy

Employment status: Employed Self-employed Retired Unemployed Student

Occupation/Business _____

Source of funds for payment of premium: _____

Name and address of Employer _____

Identification: Type: _____ Number: _____
(DL, PP, Nat.ID, Other)

Expiry Date _____ TRN (required) _____
dd/mm/yyyy

Do you or any member of your immediate family current hold or previously held a prominent public office Yes No

(e.g. head of State/Government; member of any House of Parliament; Minister of Government; official of any political party; Permanent Secretary, Chief Technical Director or chief officer in charge of Ministry, department of Government, executive agency or statutory body; judiciary; military - above rank of Captain; police - Assistant Commissioner and above; a director of chief executive of any company in which the Government owns a controlling interest; an individual who holds/held a senior management position in an international organisation.)

If Yes, describe: _____ AND give name and address of immediate family members
(Immediate family: i.e. parents, spouse - including common-law, children - including step children or adopted children, siblings and in-laws as well as 'close associates' (i.e. individuals who are closely connected to a PEP, either socially or professionally))

Name _____ Address: _____ Relationship: _____
Last First Mi

Name _____ Address: _____ Relationship: _____
Last First Mi

Name _____ Address: _____ Relationship: _____
Last First Mi

(If additional space is required use the reverse side of this form.)

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References:

Name: _____
Last First

Name: _____
Last First

Position: _____

Position: _____

Telephone contact: _____

Telephone contact: _____

Where an agent of the applicant is providing the details for the application

Agent's Name _____
Last First Middle Name

Address _____

Policy Number/Reference # (if any) _____

Date of Birth _____ TRN (required) _____
dd/mm/yyyy

Identification: Type: _____ #: _____
(DL, PP, Nat.ID, Other)

I declare that the information given above is correct to the best of my knowledge and belief.

Insured's Signature Date: _____
dd/mm/yyyy

I declare that the information given above has been verified by original documentation to ensure the correctness of the information given, where appropriate.

Customer representative signature Date: _____
dd/mm/yyyy

DOCUMENTATION REQUIRED:

1. Current identification (i.e. not expired) for insured & agent, where applicable - e.g. driver's licence, passport, Voter's ID.
2. Address verification - e.g. utility bill bearing the customer's name, voter's list.

Note: To ensure that original documentation was used as verification of information given, you are required to copy the ID and proof of address. These copies must be placed on the file for future reference.