

(C)

KNOW YOUR CUSTOMER FORM (Commercial)

Please use block capitals and tick as applicable

IDENTIFICATION DETAILS	
REGISTERED NAME:	
TRADING NAME (IF APPLICABLE):	
DATE OF INCORPORATION:	PLACE OF INCORPORATION:
COMPANY REGISTRATION NUMBER:	
TYPE OF BUSINESS ENTITY: <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Charitable Entity <input type="checkbox"/> Other (please specify) _____	
CONTACT DETAILS	
REGISTERED ADDRESS:	
COUNTRY :	TELEPHONE NUMBER(S): <i>Please include area code</i>
FAX:	EMAIL ADDRESS:
MAILING ADDRESS:	
COUNTRY:	TELEPHONE NUMBER(S): <i>Please include area code</i>
FAX:	EMAIL ADDRESS:
SOURCE OF FUNDS	
ORIGIN OF MONEY PAID TO POLICY (if single or combined premium is greater than BDS \$10,000):	
SIGNATORY NAME (PLEASE PRINT):	
SIGNATURE:	DATE:
ADDITIONAL INFORMATION TO BE PROVIDED: - <ul style="list-style-type: none"> <input type="checkbox"/> Certificate and Articles of Incorporation / Continuance (where applicable), <input type="checkbox"/> Certificate of Registration of the entity <input type="checkbox"/> Information on the identity of the Directors, Beneficial owners, Substantial shareholders, Trustees (where applicable) inclusive of valid Government issued identification <input type="checkbox"/> Information on the identity of authorized signatories inclusive of valid Government issued identification* <input type="checkbox"/> Registered and Mailing Address <input type="checkbox"/> Proof of Address in the form of a utility bill <input type="checkbox"/> Details on any affiliation to Government officials, Military officials or any person who provides an important public function/s for the state <input type="checkbox"/> Information should include PERSONS FULL NAME, DATE OF BIRTH, MARITAL STATUS, NATIONALITY, COUNTRY OF RESIDENCE, PLACE OF BIRTH, Contact Details <input type="checkbox"/> Proof of Address 	

FOR OFFICIAL USE ONLY

POLICY #(s):

RENEWAL DATE:

(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED

REVIEWED BY :

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____