



"KNOW YOUR CUSTOMER" FORM FOR CLIENTS

The Anti-Money Laundering Laws and Regulations including the Proceeds of Crime Act (as amended) requires that Financial Institutions conduct due diligence on all clients in accordance with the minimum standards set out in the Regulations. You are required to complete and sign this form and return it to us together with copies of the documents requested herein. Where annual premiums exceed \$50,000 ALL clients are asked to complete a Source of Funds Declaration Form.

Please be assured that all information will be treated in the strictest confidence. A failure to provide this information can result in Insurers refusing to provide the insurance coverage you require.

INDIVIDUAL CLIENTS	BLOCK LETTERS ONLY PLEASE
Name: (LAST) _____ (FIRST) _____ (MIDDLE) _____	
DOB: _____ (dd/mm/yy) Place of Birth: <input type="checkbox"/> T&T Other (specify) _____	
Nationality: <input type="checkbox"/> T&T Other _____	
Country of Residence <input type="checkbox"/> T&T <input type="checkbox"/> Other (specify) _____	
DP/PP/ID(circle type): No. _____ Issuing country _____ Exp _____ (dd/mm/yy)	
Permanent Address: _____	
Mailing Address: _____	
E-mail Address: _____	
Telephone : Home: _____ Mobile: _____ Office: _____	
SOURCE OF FUNDS : Occupation _____ <input type="checkbox"/> Self- Employed	
Annual Occupational Income	
Under \$50,000 []	\$50,001 - \$100,000 []
\$100,001 - \$300,000 []	\$300,001 - \$450,000 []
\$450,001 - \$600,000 []	Over \$600,001 []
Name of Employer: _____ No. of years with Employer: _____	
Address of Employer: _____	
Telephone Nos. Home: _____ Mobile: _____ Business: _____ Fax: _____	
Source of Funds if other than employment above _____	



PLEASE ALSO ATTACH:

A copy of your personal (photographic) identification (e.g. Passport, National I.D. Card &/or Driver's License)

Are You POLITICALLY EXPOSED?

(tick all that apply)

1. YES NO A current or former senior official in the executive, legislative, administrative or judicial branch of domestic or a foreign government, whether elected or not
2. YES NO A senior official of a major political party
3. YES NO A senior executive of a **domestic** or foreign government-owned commercial enterprise
4. YES NO A senior military official
5. YES NO An immediate family member of a person above (spouse, parents, siblings or children) of that person or the parents, siblings and additional children of the person's spouse.
6. YES NO A close personal or professional associate of the persons mentioned above.
7. YES NO An individual who is or have been entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.

If yes to any of the above please indicate the relationship: _____

IF YOUR TOTAL ANNUAL PREMIUMS EXCEED \$50,000 PLEASE COMPLETE SOURCE OF FUNDS DECLARATION FORM

Customer Signature: _____

Print Name: _____

Date: _____
(dd/mm/yy)

THIS SECTION FOR OFFICIAL INTERNAL USE ONLY		
<small>We hereby certify that the information in this application has been furnished by the Insured(s) in our presence. We also certify that the documents provided in proof of identification, date of birth, residential address and where applicable, source of funds of the Insured(s) have been obtained and we recommend the acceptance of this Proposal.</small>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">Policy reference No.</div>	
Broker Stamp	Accepting Officer	Date received
UN 1267/2253 List Match: YES [] NO []		
T&T Consolidated List of Court Orders Match YES [] NO []		
Economic Sanctions [IRAN] Orders Match YES [] NO []		
Economic Sanctions [DPKR] Orders Match YES [] NO []		
RISK PROFILE: LOW [] MED [] HI []		