



MASSY UNITED INSURANCE LIMITED

CUSTOMER VERIFICATION FORM

(Institutions)

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: Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Charitable Entity <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>	
TYPE OF BUSINESS SECTOR:	
Private Sector Service <input type="checkbox"/>	Professional (attorney/accountant) <input type="checkbox"/>
Public Sector/Government Service <input type="checkbox"/>	Real Estate <input type="checkbox"/>
Financial Services <input type="checkbox"/>	Broker Retail/Distribution <input type="checkbox"/>
Medical (dentist/doctor) <input type="checkbox"/>	Transport/Travel <input type="checkbox"/>
Construction <input type="checkbox"/>	Other (please specify) _____ <input type="checkbox"/>

CONTACT DETAILS

REGISTERED ADDRESS: (Proof of Address required in the form of a utility bill)	
COUNTRY :	TELEPHONE NUMBER(S) (Please include area code):
FAX:	EMAIL ADDRESS:
MAILING ADDRESS:	

Please submit the following valid documents:

- Certificate and Articles of Incorporation, Continuance (where applicable), Certificate of Registration of the entity
- Information on the identity of the directors, Beneficial owners, Substantial shareholders, trustees (where applicable) inclusive of valid Government issued identification
- Information on the identity of authorized signatories inclusive of valid Government issued identification

If the following is applicable to you please tick

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

*A Politically exposed person (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of Government, Senior Politicians, Senior Government, Judicial or Military Officials, Senior Executives of State owned corporations, Important Political Party Officials. This category also includes immediate family members close personal and professional associates.

Details:
 SURNAME: _____ FIRST NAME: _____
 POSITION/OCCUPATION: _____

SOURCE OF FUNDS (Required for premiums \$25,000.00 and above)

ORIGIN OF MONEY PAID TO POLICY:
 EXPECTED LEVEL OF ACTIVITY(Average annual sum expected to be paid to policy):

DATE:	PLACE:
CUSTOMER NAME (PLEASE PRINT):	SIGNATURE:

FOR OFFICIAL USE ONLY

POLICY NUMBER(S):	INCEPTION DATE:	EXPIRATION DATE:
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POLICY TYPE: Motor Accident Marine Property Public Liability Other (please specify)

VIEWED BY : NAME: _____ TITLE: _____ SIGNATURE: _____ DATE: _____	(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED <input type="checkbox"/>
	NAME: _____
	TITLE: _____
	SIGNATURE: _____
	DATE: _____