



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:	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/>	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
<small>*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.</small>	
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 DETAILS	
POLICY NUMBER(S):	INCEPTION DATE:
EXPIRATION DATE:	
POLICY TYPE: Motor <input type="checkbox"/> Accident <input type="checkbox"/> Marine <input type="checkbox"/> Property <input type="checkbox"/> Public Liability <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	
(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED <input type="checkbox"/>	
VIEWED BY :	
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____