

PLEASE USE BLOCK CAPITALS AND TICK  AS APPLICABLE

<b>IDENTIFICATION DETAILS</b>	
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)
Public Sector/Government Service <input type="checkbox"/>	Real Estate
Financial Services <input type="checkbox"/>	Broker Retail/Distribution
Medical (dentist/doctor) <input type="checkbox"/>	Transport/Travel
Construction <input type="checkbox"/>	Other (please specify) Condominium Development
<b>CONTACT DETAILS</b>	
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:	
<b>Please submit the following valid documents:</b>	
<ul style="list-style-type: none"> <li>Certificate and Articles of Incorporation, Continuance (where applicable), Certificate of Registration of the entity</li> <li>Information on the identity of the directors, Beneficial owners, Substantial shareholders, trustees (where applicable) inclusive of valid Government issued identification</li> <li>Information on the identity of authorized signatories inclusive of valid Government issued identification</li> </ul>	
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>	
<b>Details:</b>	
SURNAME: _____	FIRST NAME: _____
POSITION/OCCUPATION: _____	
<b>SOURCE OF FUNDS (Required for premiums \$25,000.00 and above)</b>	
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:
<b>FOR OFFICIAL USE ONLY</b>	
<b>POLICY DETAILS</b>	
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: _____	