

# Individual Client KYC Form

Surname: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>	Title: <input style="width: 90%;" type="text"/> Mr.
Date of Birth (DD/MM/YYYY): <input style="width: 90%;" type="text"/>	Telephone Number: H: <input style="width: 25%;" type="text"/> C: <input style="width: 25%;" type="text"/>	
Residential Address: (Building Number, Street Address, P.O. Box, Island, Country) <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>	
Country of Birth: <input style="width: 90%;" type="text"/>	Country of Domicile: <input style="width: 90%;" type="text"/>	
Nationality: <input style="width: 90%;" type="text"/>	Source of Income/Wealth: <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Business Operations <input type="checkbox"/> Spouse <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>	
Name of Employer or Business: <input style="width: 90%;" type="text"/>	Address of Employer or Business: <input style="width: 90%;" type="text"/>	
Nature of Business: <input style="width: 90%;" type="text"/>	Method of Premium Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Online <input type="checkbox"/> Cheque <input type="checkbox"/> Salary Deduction	
Profession or Type of Business: <input style="width: 90%;" type="text"/>	Previous Occupation if Retired: <input style="width: 90%;" type="text"/>	
Entity or Individual acting on behalf of Policyholder: (Broker, Bank or 3rd Party) <input style="width: 90%;" type="text"/>		
Are you a Politically Exposed Person (PEP) <sup>1</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Close family relation or association with a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State association or affiliation with PEP <sup>2</sup> : <input style="width: 90%;" type="text"/>		
Name of PEP: <input style="width: 90%;" type="text"/>		
Public Position/Office held by PEP: <input style="width: 90%;" type="text"/>		
I/We hereby declare that to the best of my/our knowledge and belief, the information provided above are true and correct, and no material fact has been misrepresented, misstated or withheld. I understand and agree that this KYC form shall be incorporated into and shall constitute a part of the policy contract between me/us and (Name of Insurer).		
Name of Policyowner: <input style="width: 70%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>
Signature: <input style="width: 90%;" type="text"/>		
<b>FOR INTERNAL USE ONLY</b>		
Valid Government Issued ID: <input style="width: 45%;" type="text"/>	<input type="checkbox"/> Obtained <input type="checkbox"/> On File	
Type of Government ID: <input style="width: 45%;" type="text"/>	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Other	
Proof of Address: <input style="width: 45%;" type="text"/>	<input type="checkbox"/> Obtained <input type="checkbox"/> On File <input type="checkbox"/> Not Applicable	
Type of Proof of Address: <input style="width: 45%;" type="text"/>	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other	

<sup>1</sup> "Politically Exposed Person" or "PEP" is a natural person who is or has been entrusted with prominent public functions, their immediate family members and persons known to be close associates of such persons e.g. Heads of State, Members of Parliament, Judicial Officers, Directors and Executives of Statutory Boards, Senior Government Officials, Senior Diplomats etc.

<sup>2</sup> This includes inter alia, spouse, partner, siblings, children and their spouses, parents and joint beneficial ownership in an entity.