

## THE INSURANCE BROKERS LIMITED

### KNOW YOUR CUSTOMER "KYC" FORM (INDIVIDUAL)

The Insurance Brokers Limited requires that the identity of our clients are satisfied before accepting the transfer or sale of any policy instrument. This form must be completed and submitted to our offices as part of every application for insurance coverage by reason of the requirements of Anti-Money Laundering (AML) Legislation. This includes, the Proceeds of Crime Act 2013 as amended 2017, the Anti-Terrorism and Proliferation Act 2013, amended 2017, the Financial Intelligence Unit of St. Vincent and the Grenadines Act 2009, and the Financial Services Authority Act all united in combating Money Laundering and Terrorists Financing.

<b>Please complete in CAPITAL LETTERS. Where applicable, kindly insert an "X" in the appropriate boxes and attach documents where required.</b>		
<b><u>SECTION A: POLICY DETAILS</u></b>		
POLICY NUMBER:	POLICY TYPE:	DATE EFFECTED:
<b><u>SECTION B: POLICY HOLDER INFORMATION</u></b>		
FULL NAME:		DATE OF BIRTH:
SEX:    MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
COUNTRY OF BIRTH:	COUNTRY OF RESIDENCE:	NATIONALITY:
PERMANENT RESIDENTIAL ADDRESS:		
MAILING ADDRESS (If different from above):		
ARE YOU A CITIZEN OF ANY OTHER COUNTRY?    YES <input type="checkbox"/> NO <input type="checkbox"/>		SPECIFY:
TELEPHONE #:	EMAIL ADDRESS:	
NEXT OF KIN FULL NAME:		NEXT OF KIN TELEPHONE #:
<b>POLITICAL EXPOSURE:</b>		
1) ARE YOU OR HAVE YOU EVER BEEN ENTRUSTED WITH PROMINENT PUBLIC FUNCTIONS?		
SOME EXAMPLES INCLUDE BUT ARE NOT LIMITED TO, A HEAD OF STATE OR OF GOVERNMENT, SENIOR POLITICIANS, SENIOR GOVERNMENT OFFICIAL, JUDICIAL OR MILITARY OFFICIALS, SENIOR EXECUTIVES OF STATE OWNED CORPORATIONS, IMPORTANT POLITICAL PARTY OFFICIALS.		
YES <input type="checkbox"/>		NO <input type="checkbox"/>
2) DO YOU HAVE AN IMMEDIATE FAMILY MEMBER OR CLOSE ASSOCIATE WHO IS OR HAS BEEN ENTRUSTED WITH PROMINENT PUBLIC FUNCTION AS DESCRIBED IN 1 ABOVE?		
YES <input type="checkbox"/>		NO <input type="checkbox"/>

**SECTION C: PROOF OF IDENTITY**PROVIDE TWO FORMS OF IDENTIFICATION FROM THE LIST BELOW

DRIVER'S PERMIT #:	ISSUING AUTHORITY:	ISSUE DATE:	EXPIRY DATE:
NATIONAL IDENTIFICATION CARD #:	ISSUING AUTHORITY:	ISSUE DATE:	EXPIRY DATE:
PASSPORT #:	ISSUING AUTHORITY:	ISSUE DATE:	EXPIRY DATE:

**SECTION D: PROOF OF ADDRESS**PLEASE SUBMIT ANY ONE OF THE FOLLOWING, NO OLDER THAN THREE (3) MONTHS OLD FOR PROOF OF ADDRESS AND PLACE AN "X" AGAINST THE DOCUMENT ATTACHED.

LAND LINE PHONE BILL <input type="checkbox"/>	ELECTRICITY BILL <input type="checkbox"/>	WATER BILL <input type="checkbox"/>	OTHER <input type="checkbox"/>	DATE OF DOCUMENT:
---	---	-------------------------------------	--------------------------------	-------------------

**SECTION E: EMPLOYMENT INFORMATION**

OCCUPATION/PROFESSION:	I AM: FULL TIME EMPLOYED <input type="checkbox"/>	FULL TIME SELF EMPLOYED <input type="checkbox"/>
	PART TIME EMPLOYED <input type="checkbox"/>	PART TIME SELF EMPLOYED <input type="checkbox"/>

EMPLOYMENT DETATILS (if applicable)		SELF EMPLOYMENT DETAILS (if applicable)	
NAME OF EMPLOYER:		NAME OF BUSINESS:	
ADDRESS OF EMPLOYER:		ADDRESS OF BUSINESS:	
		TYPE OF BUSINESS ACTIVITY INVOLVED:	
LENGTH OF SERVICE:	TELEPHONE #:	DURATION OF SELF EMPLOYMENT:	TELEPHONE #:

ANNUAL OCCUPATIONAL INCOME:      BELOW EC\$30K       EC\$30K-EC\$120K       ABOVE EC\$120K **SECTION F: DECLARATION AND SIGNATURES****POLICY HOLDER:**

I/WE HAVE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF ANSWERED ALL OF THE ABOVE STATEMENTS AND PARTICULARS CORRECTLY, ACCURATELY AND COMPLETELY AND VERIFIED THAT THE ATTACHED DOCUMENTS ARE COPIES OF THE ORIGINALS OF THE INFORMATION ABOVE IN ACCORDANCE WITH THE APPLICABLE AML LEGISLATION IN ST VINCENT AND THE GRENADINES. I HEREBY CONSENT TO THE DISCLOSURE OF THE ABOVE INFORMATION AND DETAILS OF TRANSACTION RELATED THERETO TO ANY THIRD PARTY AS MAY BE REQUIRED BY LAW.

NAME:	SIGNATURE:	DATE:
-------	------------	-------

**OFFICIAL:**

I ACKNOWLEDGE THAT THE POLICY HOLDER SIGNED THE PROPOSAL/AGREEMENT IN THE PRESENCE OF A STAFF MEMBER OR OTHER AUTHORISED PERSON OF THE INSURANCE BROKERS LIMITED OF ST.VINCENT AND THE GRENADINES.

NAME:	SIGNATURE:	DATE:
POSITION:		