

KNOW YOUR CUSTOMER "KYC" FORM
(CORPORATE & COMMERCIAL)

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.

Please complete in CAPITAL LETTERS. Where applicable, kindly insert an "X" in the appropriate boxes and attach documents where required.

SECTION A: POLICY HOLDER INFORMATION

REGISTERED NAME:

TRADING NAME:

DATE OF INCORPORATION:	PLACE OF INCORPORATION:
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COMPANY REGISTRATION #:	V.A.T. REGISTRATION #:	B.I.R #:
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REGISTERED ADDRESS:

MAILING ADDRESS:

TELEPHONE #:	FAX #:	EMAIL ADDRESS:
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WHAT ARE THE BUSINESS ACTIVITIES OF THE POLICY HOLDER?

POLITICAL EXPOSURE:

1) ARE ANY OF THE DIRECTORS, EXECUTIVE OFFICERS OR SENIOR MANAGERS EVER BEEN ENTRUSTED WITH PROMINENT PUBLIC FUNCTIONS EITHER IN THE PAST OR PRESENT?
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 NO

2) DO ANY OF THE DIRECTORS, EXECUTIVE OFFICERS OR SENIOR MANAGERS HAVE ANY IMMEDIATE FAMILY MEMBERS OR CLOSE ASSOCIATES WHO IS OR HAS BEEN ENTRUSTED WITH PROMINENT PUBLIC FUNCTION AS DESCRIBED IN 1 ABOVE? YES NO

TYPE OF BUSINESS ENTITY: REGISTERED SOLE PROPRIETORSHIP LIMITED LIABILITY TRUST COMPANY
PARTNERSHIP STATE ENTERPRISE OTHER SPECIFY:

SECTION B: PROOF OF IDENTITY & SOURCE OF FUNDS OF POLICY HOLDER

PLEASE SUBMIT THE FOLLOWING DOCUMENTS RELEVANT TO THE TYPE OF BUSINESS ENTITY INVOLVED AND PLACE AN "X" AGAINST THE DOCUMENT ATTACHED.

1. INCORPORATED ENTITY	
<input type="checkbox"/>	CERTIFICATE OF INCORPORATION
<input type="checkbox"/>	BY LAWS
<input type="checkbox"/>	COPY OF LATEST ANNUAL RETURNS FILED WITHIN THE LAST 12 MONTHS (if applicable)
<input type="checkbox"/>	LIST OF ALL DIRECTORS WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH

<input type="checkbox"/>	LIST OF ALL AUTHORISED SIGNATORIES WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH
<input type="checkbox"/>	LIST OF ALL SHAREHOLDERS WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH
<input type="checkbox"/>	FINANCIAL STATEMENTS FOR THE PRECEDING THREE (3) YEARS <i>(if applicable)</i>
<input type="checkbox"/>	BANKER'S REFERENCE <i>(if applicable)</i>

2. PARTNERSHIP

<input type="checkbox"/>	COPY OF PARTNERSHIP AGREEMENT DULY NOTARIZED
<input type="checkbox"/>	A LIST OF CURRENT PARTNERS WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH
<input type="checkbox"/>	LIST OF ALL AUTHORISED SIGNATORIES WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH
<input type="checkbox"/>	FINANCIAL STATEMENTS FOR THE PRECEDING THREE (3) YEARS <i>(if applicable)</i>
<input type="checkbox"/>	BANKER'S REFERENCE <i>(if applicable)</i>

3. TRUST

<input type="checkbox"/>	COPY OF TRUST AGREEMENT DULY NOTARIZED
<input type="checkbox"/>	A LIST OF CURRENT PARTIES TO THE TRUST WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH
<input type="checkbox"/>	LIST OF ALL PERSONS AUTHORISED TO TRANSACT BUSINESS ON BEHALF OF THE TRUST WITH TWO FORMS OF PHOTO IDENTIFICATION FOR EACH
<input type="checkbox"/>	FINANCIAL STATEMENTS FOR THE PRECEDING THREE (3) YEARS <i>(if applicable)</i>
<input type="checkbox"/>	BANKER'S REFERENCE <i>(if applicable)</i>

4. REGISTERED SOLE PROPRIETORSHIP

<input type="checkbox"/>	CERTIFICATE OF REGISTRATION
<input type="checkbox"/>	TWO FORMS OF PHOTO IDENTIFICATION OF THE SOLE TRADER
<input type="checkbox"/>	FINANCIAL STATEMENTS FOR THE PRECEDING THREE (3) YEARS <i>(if applicable)</i>
<input type="checkbox"/>	BANKER'S REFERENCE <i>(if applicable)</i>

SECTION C: LISTING OF DIRECTORS/PARTNERS/TRUSTEES

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SECTION D: DECLARATION AND SIGNATURES

POLICY HOLDER (TO BE SIGNED BY AN AUTHORISED SIGNATORY):

I HAVE TO THE BEST OF MY 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 & 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 & STAMP:	DATE:
POSITION/TITLE:		

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.

NAME:	SIGNATURE:	DATE:
POSITION:		