

A. SOURCE OF FUNDS FORM

By reason of the requirements of the Proceeds of Crime Act 2013 Anti-Terrorism and Proliferation Act 2014, Financial Intelligence Unit guidelines on Combating Money Laundering and Terrorism Financing, THE INSURANCE BROKERS LIMITED a company of ST. VINCENT AND THE GRENADINES Guidelines on Money Laundering and Terrorism Financing requires it to be satisfied as to the source of funds before accepting funds for the payment of premiums.

Amount: _____ Currency: _____

Cash Wire Transfer

Cheque: Date Received: ___/___/___
M D Year

APPLY TO POLICY:
(if more than one policy supply info on a separate sheet of paper with policy nos. and amount applicable for each)

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NEW CUSTOMER: EXISTING CUSTOMER: NATURE OF TRANSACTION: Premium Claim Other : _____

B. PLEASE COMPLETE IN CAPITAL LETTERS

NAME OF CUSTOMER: (INDIVIDUAL)

LAST NAME

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FIRST NAME

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MIDDLE NAME

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NAME OF CUSTOMER: (COMPANY)

ADDRESS: 1. _____

MAILING ADDRESS: (if different from above) 2. _____

TELEPHONE #: Home: _____ Work: _____ Mobile: _____

OCCUPATION/TYPE OF BUSINESS: _____

C. NATIONALITY INFORMATION

DATE OF BIRTH: ___/___/___
M D Year

RESIDENT: NON-RESIDENT

I.D.# _____

DP N.I.D PP OTHER

PERSON DOING TRANSACTION: (if different from Customer)

LAST NAME

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FIRST NAME/OTHER NAMES

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Relation to the Customer: Family Friend Other _____

4. DECLARATION OF SOURCE OF FUNDS

I hereby declare that this source of funds is :

*Savings Account *Chequing Account *Business Trade *Other Details: _____

My reference to verify this transaction is: Mr/Mrs/Ms _____ who can be contacted at telephone number: _____

This is to certify that I _____ have given consent to **The Insurance Brokers Limited** to disclose its information to law enforcement authorities.

_____ CUSTOMER'S SIGNATURE _____ FUNDS ACCEPTED BY _____ AUTHORIZING OFFICIAL'S SIGNATURE

OFFICIAL USE ONLY

TRANSACTION ACCEPTED *TRANSACTION DECLINED *TRANSACTION INCOMPLETE reason: _____