

CUSTOMER VERIFICATION FORM (Corporate)

PLEASE USE BLOCK CAPITALS AND TICK APPLICABLE

IDENTIFICATION DETAILS	
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) <input type="checkbox"/>
Public Sector/Government Service <input type="checkbox"/>	Real Estate <input type="checkbox"/>
Financial Services <input type="checkbox"/>	Broker Retail/Distribution <input type="checkbox"/>
Medical (dentist/doctor) <input type="checkbox"/>	Transport/Travel <input type="checkbox"/>
Construction <input type="checkbox"/>	Other (please specify) _____ <input type="checkbox"/>
ITEMS TO BE REQUESTED:	
<ul style="list-style-type: none"> Certificate and Articles of Incorporation, Continuance (where applicable), Certificate of Registration of the entity Information on the identity of the Directors, Beneficial owners, Substantial shareholders, Trustees (where applicable) inclusive of valid Government issued identification Information on the identity of authorized signatories inclusive of valid Government issued identification Registered and Mailing Address Proof of Address in the form of a utility bill 	
POLITICAL AFFILIATION OR ASSOCIATION	
<ul style="list-style-type: none"> Are any of the Directors, Executive Officers or Senior Managers have any affiliation to Government officials, Military officials or any person who provides an important public function/s for the state? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
If Yes, provide details:	
CONTACT DETAILS	
REGISTERED ADDRESS:	
COUNTRY:	TELEPHONE NUMBER(S): <i>Please include area code</i>
FAX:	EMAIL ADDRESS:
MAILING ADDRESS:	
COUNTRY:	TELEPHONE NUMBER(S): <i>Please include area code</i>
FAX:	EMAIL ADDRESS:
SOURCE OF FUNDS	
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:
POLICY DETAILS	
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"/> _____	
FOR OFFICIAL USE ONLY	
POLICY #(S):	(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED <input type="checkbox"/>
REVIEWED BY:	
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____