



Customer Identity Form — Corporate
PLEASE PRINT YOUR RESPONSES

TYPE OF ENTITY

PLEASE TICK THE APPROPRIATE FIELD.

- Corporation
 Unincorporated Entity or Sole Proprietorship
 Partnership
 Non-Profit Organization
 Other, please state _____

PLEASE TICK THE APPROPRIATE FIELD.

- Publicly Listed
 Regulated Entity
 Neither

ENTITY INFORMATION

Name of Customer:	
Registered Address:	
Business/Mailing Address (if different):	
Telephone No:	Fax No:
Date of Formation: YYYY/MM/DD	Country of Formation:
Licensor and Address (if applicable):	
Licensed Activities:	

CHOOSE THE TYPE OF ENTITY AND PROVIDE THE REQUESTED DOCUMENTATION:

- Corporation or Incorporated Entity
- | | | | |
|---|---------------------------|--------------------------|---------------------------|
| Certificate or Memorandum of Incorporation/Continuance/
Amalgamation, or similar | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Articles of Memorandum of Incorporation/Continuance/
Amalgamation, or similar | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| By-Laws | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Resolution authorising relationship | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Power of Attorney or other Authorities | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Annual Company Return (filed with the Company Registry) | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Audited Financial Statements* | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Shareholder Register or alternative | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |



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CHOOSE THE TYPE OF ENTITY AND PROVIDE THE REQUESTED DOCUMENTATION (CONT'D):

- UNINCORPORATED ENTITY OR SOLE PROPRIETORSHIP
 Certificate of Registered Business Name, Registration or similar Yes
 Audited Financial Statements* Yes

- PARTNERSHIP
 Partnership Agreement Yes
 Audited Financial Statements* Yes

- NON-PROFIT ORGANIZATION
 Certificate of Registration or similar Yes
 Audited Financial Statements* Yes

- OTHER ENTITY OR ASSOCIATION
 Constituent Documents Yes
 Audited Financial Statements* Yes

*ALTERNATIVES MAY BE POSSIBLE TO THE AUDITED FINANCIAL STATEMENTS DEPENDING ON LOCAL AML & CFT LAWS AND GUIDELINES BUT MUST BE APPROVED BY THE COMPLIANCE OFFICER AND SENIOR OFFICER.

ENTITY DESCRIPTION

Nature of Business:		
Products and Services Offered:		
Location of Branches/Agencies (if applicable):		
Is this entity owned by another entity?*	Yes <input type="radio"/>	No <input type="radio"/>
Does this entity have subsidiaries or affiliates?:	Yes <input type="radio"/>	No <input type="radio"/>
*If Yes, Name of Parent Company:		
Address of Parent Company:		



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ENTITY DESCRIPTION (CONT'D)

Is the Parent Company or the entity engaged in the following activities?

BUSINESS ACTIVITIES

- | | | |
|--|---------------------------|--------------------------|
| Trust and Corporate Services Provider | Yes <input type="radio"/> | No <input type="radio"/> |
| Internet Gambling or Casino Operations | Yes <input type="radio"/> | No <input type="radio"/> |
| Real Estate | Yes <input type="radio"/> | No <input type="radio"/> |
| Motor Vehicle Sales | Yes <input type="radio"/> | No <input type="radio"/> |
| Courier Services | Yes <input type="radio"/> | No <input type="radio"/> |
| Gaming House | Yes <input type="radio"/> | No <input type="radio"/> |
| Jewellers | Yes <input type="radio"/> | No <input type="radio"/> |
| Pool Betting | Yes <input type="radio"/> | No <input type="radio"/> |
| National Lottery/On-line Betting Games | Yes <input type="radio"/> | No <input type="radio"/> |
| Charitable Organizations | Yes <input type="radio"/> | No <input type="radio"/> |
| Cash Intensive Businesses | Yes <input type="radio"/> | No <input type="radio"/> |
| Money Service Business (e.g. foreign exchange house, etc.) | Yes <input type="radio"/> | No <input type="radio"/> |

CORPORATE DIRECTORS, OFFICERS AND AUTHORIZED SIGNATORIES' INFORMATION (CORPORATIONS ONLY)

Please complete the below fields for all directors, officers, proxies, senior management and authorised signatories. A valid government issued photographic identification and/or social security documents must be presented in respect of each director, officer, proxy, senior manager and authorised signatory named on this form. The residential address of each person must be confirmed by a recent original fixed utility bill, bank statement, civil register or other governmental correspondence.

Name & Residential Address	Date of Birth	Business Relationship (e.g. director, etc.) & Occupation	Authorized Signatory (Yes/No & Specimen Signature)



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CORPORATE DIRECTORS, OFFICERS AND AUTHORIZED SIGNATORIES' INFORMATION (CONT'D)
(CORPORATIONS ONLY)

Please complete the below fields for all directors, officers, proxies, senior management and authorised signatories. A valid government issued photographic identification and/or social security documents must be presented in respect of each director, officer, proxy, senior manager and authorised signatory named on this form. The residential address of each person must be confirmed by a recent original fixed utility bill, bank statement, civil register or other governmental correspondence.

Name & Residential Address	Date of Birth	Business Relationship (e.g. director, etc.) & Occupation	Authorized Signatory (Yes/No) & Specimen Signature

Shareholder and Beneficial Owner Information (all entities) and Authorized Signatories (all entities excluding corporations)

A valid government issued photographic identification and/or social security documents must be presented in respect of each director, officer, senior manager and authorised signatory named on this form. The residential address of each person must be confirmed by a recent original fixed utility bill, bank statement or correspondence from a government agency.

Shareholders and/or beneficial owners of **private companies** who own or control **10%** or more of shares of the company must provide the abovementioned documentation. Beneficial ownership refers to a person on whose behalf an account is opened, a business relationship is established or a transaction concluded.

Name & Residential Address	Date of Birth & Country of Citizenship	Business Relationship (e.g. director, etc.) & Occupation	Authorized Signatory (Yes/No) & Specimen Signature

Please note if the requested information exceeds the fields provided, kindly attach a separate sheet.



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MISCELLANEOUS INFORMATION

Is any director, shareholder, officer, authorized signatory or beneficial owner, a current or former (if former, please provide period during which position was held) Head of Government, Head of State, Member of Parliament or other senior political party official, senior military personnel, member of the Judiciary, senior executive of a state owned corporation or family member or close associate of such a person?

Yes No
If Yes, please provide details below:

FINANCIAL INFORMATION

Average Payment to the policy/account: \$ _____
Yearly Half-yearly
Quarterly Monthly
State the source of funds expected to be paid to the policy/account. _____

SIGNATURES

KINDLY HAVE AT LEAST TWO AUTHORIZED PERSONS (FOR CORPORATIONS: THE CORPORATE SECRETARY, AND A DIRECTOR OR ANY OTHER AUTHORIZED SIGNATORY) SIGN BELOW TO CERTIFY THE ACCURACY AND VALIDITY OF THE FOREGOING.

DATE: _____ DIRECTOR: _____ SIGNATURE: _____
DATE: _____ DIRECTOR: _____ SIGNATURE: _____
DATE: _____ DIRECTOR: _____ SIGNATURE: _____

YYYY/MM/DD

PLEASE PRINT

Affix Company Stamp or Seal