



# Customer Identity Form- Corporate

PLEASE PRINT YOUR RESPONSES

DATE: \_\_\_\_\_

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NEW  EXISTING

## TYPE OF ORGANISATION

- CORPORATION  FINANCIAL INSTITUTION
- PARTNERSHIP  CREDIT UNION
- UNINCORPORATED BUSINESS  OTHER, Please State \_\_\_\_\_

## CORPORATE INFORMATION

- (1) Name of Customer: \_\_\_\_\_
- (2) Registered Address: \_\_\_\_\_
- (3) Business/Mailing Address (if different): \_\_\_\_\_
- (4) Telephone Number: \_\_\_\_\_ (5) Fax No.: \_\_\_\_\_
- (6) Registration Number: \_\_\_\_\_
- (7) Date of Formation: \_\_\_\_\_ (8) Country of Formation: \_\_\_\_\_
- (9) Licensed by: \_\_\_\_\_ (10) Licensed Activities: \_\_\_\_\_
- (11) Name and Address of Regulator: \_\_\_\_\_

Please indicate all the required documents provided:

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| (i) Certificate of Incorporation              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (ii) Articles of Incorporation or Continuance | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (iii) Articles and Memorandum of Association  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (iv) By-Laws                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (v) Partnership Agreement                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (vi) Annual Return                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (vii) Resolution Authorizing relationship     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (viii) Power of Attorney or other authorities | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (ix) Annual Report                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (x) Audited Financial Statements              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (xi) Government or other license              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (xii) Other                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Please give details for other: \_\_\_\_\_





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## CORPORATE STRUCTURE

Name of Business: \_\_\_\_\_

Products and Services Offered: \_\_\_\_\_

Location of Branch/Agencies (if applicable): \_\_\_\_\_

If applicable, please provide the name and address of the parent company as well as the same for subsidiaries and affiliates. If the company is part of a group, kindly attach an organizational chart describing structure.

Parent Company: \_\_\_\_\_

Business/Mailing Address: \_\_\_\_\_

Name of Subsidiary(ies): \_\_\_\_\_ % Owned by Parent \_\_\_\_\_

Address of Subsidiary(ies): \_\_\_\_\_

Name of Affiliate(s): \_\_\_\_\_ % Owned by Parent \_\_\_\_\_

Address of Affiliate (s): \_\_\_\_\_

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

Is the Parent Company, any affiliate or subsidiary engaged in any of the following activities?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (i) Professional Service Provider           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ii) Internet Gambling or Casino Operations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iii) Real Estate                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iv) Motor Vehicle Sales                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (v) Courier Services                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (vi) Gaming Houses                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (vii) Jewellers                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (viii) Pool Betting                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ix) Nation Lottery/On-Line Betting Games   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (x) Charitable Organizations                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (xi) Cash Intensive Business                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (xii) Money Service Business                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- (e.g. Foreign exchange house, etc)



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## CORPORATE STRUCTURE

### CORPORATE DIRECTORS, OFFICERS AND AUTHORISED SIGNATORIES INFORMATION

Please complete the below fields, for all directors, officers, senior management and authorized signatories.

Two pieces of government issued photographic identification and/or social security documents must be presented in respect of each director, officer, senior manager and authorized signatory named in this form. The Residential address of each person must be confirmed by a recent original utility bill or bank statement

NAME & RESIDENTIAL ADDRESS	DATE OF BIRTH & COUNTRY OF CITIZENSHIP	BUSINESS RELATIONSHIP, % OWNED & OCCUPATION	AUTHORISED SIGNATORY

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



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## CORPORATE STRUCTURE

### SHAREHOLDER AND BENEFICIAL OWNER INFORMATION

For private companies only, information must be provided for each shareholder owning or controlling 10% or more of shares of the company as well as all beneficial owners. Beneficial ownership refers to a person on whose behalf an account is opened, a business relationship is established or a transaction concluded.

Two pieces of government issued photographic identification and/or social security documents must be presented in respect of each shareholder and beneficial owner named in this form. The residential address of each person must be confirmed by a recent original utility bill or bank statement.

NAME & RESIDENTIAL ADDRESS	DATE OF BIRTH & COUNTRY OF CITIZENSHIP	BUSINESS RELATIONSHIP, % OWNED & OCCUPATION e.g. director, etc;	AUTHORISED SIGNATORY

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## CORPORATE STRUCTURE

Is any director, shareholder, senior manager, account signatory or beneficial owner, a current or former, Head of Government, Head of State, Member of Parliament or other senior political party official, senior military personnel, member of the Judiciary or senior executive of a state owned corporation?

YES

NO

If Yes, please provide details: \_\_\_\_\_

## FINANCIAL INFORMATION

What is the annual average sum anticipated for the policy/account? \_\_\_\_\_

State the source of funds expected to be paid to the policy/account. \_\_\_\_\_

What is the purpose of the business relationship? \_\_\_\_\_

## SIGNATURES

Kindly have the Secretary, and a Director of the organization, or any two Directors, sign below to certify the validity of the foregoing.

DD/MM/YEAR

PLEASE PRINT

Date \_\_\_\_\_

Secretary \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Signature \_\_\_\_\_



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**NB:**

- Temporary or in-care-addresses are not acceptable
- All copied documents must be certified by a reputable bank, consular officials of country of individual, national or local government officials, a supervisory level employee or sales representative of Sagicor, a reputable qualified lawyer or a notary public.
- Bank or credit card account statements or utility bills submitted in confirmation of address must not be more than three months old.
- All questions on this form should be answered with full information.
- In respect of trust and fiduciary customers identification will be required from the settler and beneficial owner(s) as well as information on the general nature of the trust and the source of funds.