



Customer Identity Form - Individual

PLEASE PRINT YOUR RESPONSES

Individual Information

Photographic identification must be presented in respect of each individual named in this form and residential addresses confirmed by a recent original utility bill or bank statement.

LAST NAME		FIRST NAME	MIDDLE NAME(S)
ALIAS (IF ANY)			
PERMANENT RESIDENTIAL ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
OCCUPATION		EMPLOYER (NAME & ADDRESS)	
<i>At least 2 of the following forms of photo identification must be provided</i>			
PASSPORT NO.	NATIONAL IDENTIFICATION NO.	DRIVER'S LICENCE NO.	
PLACE OF BIRTH		SOCIAL SECURITY NO. (MANDATORY, IF A NON-NATIONAL)	
DATE OF BIRTH YYYY / MM / DD	NATIONALITY		
HOME TEL. NO.	WORK TEL. NO.	MOBILE NO.	
E-MAIL		FAX NO.	
SOURCE OF FUNDS <i>(Origin of money paid to policy/account)</i>			
EXPECTED LEVEL OF ACTIVITY <i>(Average annual sum expected to be paid to policy)</i>			

CS10187 - September 2016





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<p>Are you 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? Are you related to or a close associate of such a person?</p> <p><input type="checkbox"/> Yes, (Please provide details below.) <input type="checkbox"/> No</p>

Signature

DATE	PLACE
CUSTOMER NAME	SIGNATURE

FOR OFFICIAL USE ONLY

Policy #		Client #

Further Instructions

Please change my name and/or address to the information captured above, if different from Sagicor's records. Original or certified documents evidencing any changes are enclosed herewith.

DATE	PLACE
CUSTOMER NAME	SIGNATURE

NB:

- Temporary or in-care-of 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.