



# Equity Insurance Company Limited.

Briarfield, Lower Collymore Rock, St. Michael BB11115, Barbados, West Indies

Tel: (246) 429-2920 Fax: (246) 429-2957

## Know Your Customer Form - Corporate

PLEASE TICK THE APPROPRIATE BOXES AND ATTACH SUPPORTING DOCUMENTS WHERE APPLICABLE.

IDENTIFICATION DETAILS		
Registered Name:		
Trading Name (If Applicable)		
Date of Incorporation:	Country of Incorporation:	
Company Registration Number:		
Type of Business: Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Charity <input type="checkbox"/> Other (specify) _____		
Type of Business Activity: Private Sector Service <input type="checkbox"/> Public Sector/Govt <input type="checkbox"/>		
State Industry/Type of business conducted:		
CONTACT DETAILS (PLEASE INCLUDE AREA CODE)		
Permanent Residential Address:		
Telephone Number(S):	Email Address:	
Mailing Address:		
Contact Person & Position Held:		
SOURCE OF FUNDS		
State the source of funds for the payment of the premiums:		
<i>Complete a Source of Funds Declaration when the Premium/Payment is greater than BBD \$10,000.00</i>		
POLITICALLY EXPOSED PERSON STATUS		
Is the Policy Holder a member of the following class: Head of Government or former Head of Government, Head of State or former head of State, Serving Politician, Former Politician, Military Personnel or Former Military Personnel, Senior Executive of a state-owned corporation or a former Senior Executive of a state-owned corporation, a Minister of Government or a Former Minister of Government, or a Senior member of a political party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide details:		



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### SUPPORTING DOCUMENTATION

THE FOLLOWING SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM (WHERE APPLICABLE):

- Copy of Certificate of Incorporation /Continuance
- Certificate of Registration
- Copy of Articles showing current directors/signatories
- Proof of Address (e.g., recent utility bill)
- ID Proof for each Director/Officer/Partner/Beneficial Owner/Signatory/Substantial Shareholder/Trustee
- *Where directors are non-national, a certified copy of your passport is required*

Value Added Tax Registration Number (if applicable):

CLIENT: *I hereby warrant that all the above statements and particulars are true, accurate and complete. I hereby consent to the disclosure of the above information or details of transactions related thereto to any third party, as may be required by law.*

AUTHORIZED SIGNATORY NAME:

SIGNATURE:

DATE:

**FOR OFFICIAL USE ONLY:** Acknowledgement that the policyholder signed the proposal/agreement in the presence of a staff member.

Policy #(S): \_\_\_\_\_

Renewal Date: \_\_\_\_\_

(Originals Verified) Certified Copies Received

Reviewed By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_