



Equity Insurance Company Limited.

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

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

Customer Verification Form - Individual

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

IDENTIFICATION DETAILS			
First Name:		Surname:	
Other Names:		Title: Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	
Alias (If Any)		Date of Birth (DD/MM/YY):	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widow(er) <input type="checkbox"/>			
ID TYPE <i>(two forms of ID required)</i>	Number	Country of Issue	Expiry Date
Passport <input type="checkbox"/>			
National ID Card <input type="checkbox"/>			
Driver's Licence <input type="checkbox"/>			
Nationality:	Country of Residence:	Place of Birth:	
EMPLOYMENT DETAILS			
Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired (if yes state past occupation) <input type="checkbox"/> Student (if yes state school) <input type="checkbox"/>			
Occupation:		Business Sector/Type of Business:	
Employer Name/Name of Company (if self-employed):			
Employer's Address:			
CONTACT DETAILS (PLEASE INCLUDE AREA CODE)			
Permanent Residential Address:			
Telephone Number(s): Home		Work	Cell
Email Address:			
Mailing Address:			



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SOURCE OF FUNDS

State the origin of money paid to policy:

Complete a Source of Funds Declaration when the Premium/Payment is greater than BBD \$ 10,000.00

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?

If yes, provide details:

Yes

No

SUPPORTING DOCUMENTATION

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

- Proof of Address (e.g., recent utility bill, **current** bank statement)
- Two forms of picture ID

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:



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FOR OFFICIAL USE ONLY:

Acknowledgment 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: _____

Signature: _____

Name: _____

Date: _____

Title: _____