



# The Hand-in-Hand Mutual Fire Insurance Company Ltd

Lots 1, 2, 3 and 4 Avenue of the Republic, Georgetown, Guyana

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Website: [www.hihgy.com](http://www.hihgy.com)

## AML Customer Verification Form (Business)

In accordance with the Anti- Money Laundering and Countering the Financing of Terrorism Act 2009 (As Amended)

### COMPANY INFORMATION

REGISTERED NAME:	DATE OF INCORPORATION/REGISTRATION:
COUNTRY OF INCORPORATION/REGISTRATION:	TIN:

TYPE OF BUSINESS:  
**Company:** Sole proprietor  LLC  Partnership  Co-operative  NGO  Business Registration  Non-Profit   
 Other  (Specify) .

ITEMS TO BE REQUESTED:

Certificate and Articles of Incorporation, Continuance (where applicable), Certificate of Registration of the entity

Information on the identity of the Directors, Beneficial owners, Substantial shareholders, Trustees (where applicable) inclusive of valid Government issued identification

Information on the identity of authorized signatories inclusive of valid Government issued identification

Registered and Mailing Address

Proof of Address in the form of a utility bill (within 6 months)

Affiliation with Senior Government/Military/Judicial/State officials/Politicians or any person who provides an important public function for the state;

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

### CONTACT INFORMATION

REGISTERED ADDRESS:

MAILING ADDRESS (if different):

EMAIL ADDRESS:	WEBSITE:
TELEPHONE NUMBER(S):	FAX:

PRINCIPAL PERSON OF BUSINESS: \_\_\_\_\_ COUNTRY OF RESIDENCE: \_\_\_\_\_ ID/PP: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

CONTACT NUMBER (Work): \_\_\_\_\_ (Cell) \_\_\_\_\_ Email Address: \_\_\_\_\_

### ORIGIN OF PROPERTY:

**SOURCE OF FUNDS:** (money paid to the policy) is:  
 For new clients, where an annual premium exceeds \$2,000,000:- or multiple premium payments exceeding \$2,000,000 please attach one (1) of the following:

Management Accounts  Other Form of Proof  Not Applicable (specify)

### NATURE OF SHAREHOLDER'S HOLDING $\geq$ 10% PAID UP SHARE CAPITAL

NAME	RESIDENTIAL ADDRESS	ID/PP #(attach copy)	Exp. Date	Country of issue	# SHARES

**DECLARATION:** I do hereby declare that I have read the above/the above has been read and explained to me. I further declare that the above information given by me is true and any misrepresentation or material non-disclosure whatsoever on my part shall render the insurance policy issued herein of no legal effect.

SIGNATURE OF AUTHORIZED OFFICER OF COMPANY/BUSINESS:

SIGNATURE OF HIHMF AUTHORISED OFFICER:

**OFFICIAL USE ONLY**

POLICY NUMBER(S):

AML REQUIRED DOCUMENTS RECEIVED:

INCEPTION DATE:

EXPIRY DATE:

POLICY TYPE: Motor:  Property:  Accident:  Marine:  Public Liability:  Other:

Branch/Agent/Broke!K

Sum Insured:

Annual Premium:

Currency:

Transaction Accepted: Yes

No

Reason for Decline:

Transaction taken by:

Position:

Signature:

Date: