



The Hand-in-Hand Mutual Fire Insurance Company Ltd
 Lots 1, 2, 3 and 4 Avenue of the Republic, Georgetown, Guyana
 Tel: (592) 227-0663, 225-1865-7
 Fax: (592) 225-7519
 Email: info@hihgy.com Website: www.hihgy.com

AML Customer Verification Form (Individual)

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

PERSONAL INFORMATION		
SURNAME:		GIVEN NAME(S):
ALIASES:	GENDER: Male Female	
DATE OF BIRTH (dd/mm/yy):	MARITAL STATUS: Single: Married: Divorced:	
NATIONALITY:	Separated: Common Law: Widow(er):	
COUNTRY OF BIRTH:	AFFILIATION WITH SENIOR GOVERNMENT/JUDICIAL/MILITARY/STATE OFFICIALS/POLITICIAN(S):	
COUNTRY OF RESIDENCE:	Name:	Relationship:
FORMS OF IDENTIFICATION		
NATIONAL IDENTIFICATION NUMBER:		ISSUE DATE:
PASSPORT NUMBER:		EXPIRY DATE:
OTHER (PLEASE SPECIFY):		TIN:
CONTACT INFORMATION		
RESIDENTIAL ADDRESS:		
TELEPHONE: (Home)	(Work):	(Cell):
EMAIL ADDRESS:		FAX:
EMERGENCY CONTACT: (Name)		EMERGENCY CONTACT: (Tel. No.)
EMPLOYMENT INFORMATION		
OCCUPATION:		
EMPLOYER NAME:		
EMPLOYER ADDRESS:		
PERIOD OF EMPLOYMENT:		
PROOF OF ADDRESS (within 6 months)		
Utility Bill	Bank Statement	Other
ORIGIN OF PROPERTY:		
SOURCE OF FUNDS (ORIGIN OF MONEY PAID TO THE POLICY):		EXPECTED LEVEL OF ACTIVITY (Average annual sum expected to be paid to policy):
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.		
CUSTOMER NAME: (Please print)		SIGNATURE:
HIHMF AUTHORISED OFFICER SIGNATURE:		DATE:
OFFICIAL USE ONLY		
POLICY NUMBER:		AML REQUIRED DOCUMENTS RECEIVED:
Branch/Agent/Broker _____		Reason for Decline
Type of Transaction: Motor Property Other		Transaction taken by:
Sum Insured.....Annual Premium.....		Position:
Currency:		Signature
Transaction Accepted: Yes No		Date: