



The Hand-in-Hand Mutual Life Assurance 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 (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 HIHL AUTHORISED OFFICER:

OFFICIAL USE ONLY

POLICY NUMBER(S):

AML REQUIRED DOCUMENTS RECEIVED:

INCEPTION DATE:

EXPIRY DATE:

POLICY TYPE: Life: Medical: Pension: Other:

Branch/Agent/Broke!K

Sum Insured:

Annual Premium:

Currency:

Transaction Accepted: Yes

No

Reason for Decline:

Transaction taken by:

Position:

Signature:

Date: