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 (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

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:**
HIHL AUTHORISED OFFICER SIGNATURE:	**DATE:**

OFFICIAL USE ONLY

POLICY NUMBER:	AML REQUIRED DOCUMENTS RECEIVED: ☐
Branch/Agent/Broker _____	Reason for Decline ……………………………………………
Type of Transaction: Life ☐ Medical ☐ other ☐	Transaction taken by: …………………………………………
Sum Insured…………………Annual Premium…………………	Position: ………………………………………………….
Currency: …………………………………………………	Signature ………………………………………………………
Transaction Accepted: Yes ☐ No ☐	Date: …………………………………………………………