The Hand-in-Hand Mutual Life Assurance Company Ltd

Lots 1, 2, 3 and 4 Avenue of the Republic, Georgetown, Guyana
Tel: (592) 227-00663, 225-1865-7
Fax: (592) 225-7519
Email: info@hihgy.com; Website: www.hihgy.com

AML Customer Verification Form (Individual)

PERSONAL INFORMATION		
SURNAME:	FIRST NAME:	
OTHER NAME(S):	TITLE: Mr.☐ Ms. ☐ Mrs. ☐ Other: ☐	
DATE OF BIRTH (dd/mm/yy):	MARITAL STATUS: Single: ☐ Married: ☐ Divorced: ☐	
NATIONALITY:	Separated: ☐ Common Law: ☐ Widow(er): ☐	
PLACE OF BIRTH:	AFFILIATION WITH GOVERNMENT/MILITARY/STATE OFFICIALS/POLITICIAN:	
COUNTRY OF RESIDENCE:	Name: Relationship:	
FORMS OF IDENTIFICATION		
☐ NATIONAL IDENTIFICATION NUMBER:	ISSUE DATE:	
☐ PASSPORT NUMBER:	EXPIRY DATE:	
☐ DRIVER'S LICENCE 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/PRINCIPAL BUSINESS ACTIVITY:		
EMPLOYER/BUSINESS NAME:		
EMPLOYER/BUSINESS ADDRESS:		
PROOF OF ADDRESS (No older than six months)		
Utility Bill☐	Bank Statement☐	Other☐
SOURCE OF FUND(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 _____ Type of Transaction: Life ☐ Medical ☐ other ☐ Sum Insured……Annual Premium…… Currency:…… Transaction Accepted: Yes ☐ No ☐	Reason for Decline …… Transaction taken by:…… Position: …… Signature …… Date:……	