

Customer Information Checklist – Individual

PART 1 – IDENTIFICATION DETAILS

1. Surname (including maiden):	2. First Name:	Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/> _____
3. Other Names (including alias if any):	4. Residential address(s):	
5. Telephone Number(s):	6. E-mail Address:	
7. Date of Birth:	8. Country of Birth:	
9. All Nationalities:	10. Country of Residence:	
11. Name of Employer or Business:	12. Profession or type of Business:	
13. Address of Employer or Business:	14. Previous occupation if retired:	
15. Entity or Individual acting on Policyholder's behalf: (Broker, Bank or other 3 rd Party)		
16. Government Official (individual holding prominent government position): <input type="checkbox"/> Yes <input type="checkbox"/> No Close family relations or association: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to either response above, state affiliation: _____ <div style="text-align: center; border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>		

CUSTOMER SIGNATURE IF APPLICABLE

PART 2 – VERIFICATION DOCUMENTATION

1. Picture Identification Document obtained/on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Other: _____ <p style="text-align: center; color: red; font-size: small;">(IDs must be current/valid, government issued, & legible)</p>	
2. Proof of Address obtained/on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Rental Contract <input type="checkbox"/> Post Marked Mail <input type="checkbox"/> Other: _____	
Policy Terms approved/ signed by insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manager's Signature for waiver approval:	
Comments:	
Policy Number (s) assigned:	Underwriter's Name & Date:
OFFICIAL USE	
Comments:	
Web based review completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Compliance Officer name & Date: