



| | |
|-------------------|--|
| INSURANCE COMPANY | |
| BROKER NAME | |
| POLICY NUMBER | |
| INSURER NO./CODE | |
| BROKER NO./CODE | |

KNOW-YOUR-CUSTOMER (KYC) DUE DILIGENCE CHECKLIST INDIVIDUAL POLICY OWNER

The purpose of this checklist is to ensure that the identity of the Policy Owner and their source of funds are properly verified in order to achieve compliance with Anti-Money Laundering Legislation (Section 15 (Customer Identification) of the Money laundering (Prevention) Act No.8 of 2010 of St Lucia), Regulations and Guidelines.

The checklist must be completed and submitted as a part of every application for insurance whether it is an individual or a legal entity such as a company or partnership.

Original documents only must be used in the verification process and must be copied and attached to this form.

The checklist must be completed by the Underwriter and reviewed and evaluated by the Supervisor.

This form must be signed off by the AML Compliance Officer if the annual premium on a policy is equal to or in excess of EC\$75,000.00

In accordance with Section 21 of the Money Laundering (Prevention) Act No.8 of 2010 of Saint Lucia, a Source of Fund Declaration must be accompany any transaction which exceeds EC\$25,000.00

Please tick the appropriate boxes and attach supporting documents where applicable.

POLICY OWNER

NEW CLIENT

EXISTING CLIENT

| | | | |
|--|---|---------------------------------|---|
| FIRST NAME: | SURNAME: | | |
| OTHER NAME(S): | Alias: | | |
| DATE OF BIRTH: DD/MM/YY <small>Click here to enter a date.</small> | PLACE OF BIRTH: | | |
| GENDER: MALE <input type="checkbox"/> FEMALE: <input type="checkbox"/> | TITLE: MR. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| PERMANENT ADDRESS: | | | |
| Telephone No.: Home: | Work: | Mobile: | |
| Email Address: | | | |
| MARITAL STATUS: | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> | DIVORCE <input type="checkbox"/> COMMON LAW <input type="checkbox"/> OTHER <input type="checkbox"/> |

Section (A) Verification of Identity of Policy Holder

| 1. RESIDENT: Any two forms of government issued ID with photograph. Attach copy. | | | | |
|--|-----------|------------------|-------------|--|
| ID Type | ID Number | Country of issue | Expiry date | Doc attached? |
| Passport | | | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| National ID | | | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Driver's license | | | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Other (specify) | | | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

PROOF OF ADDRESS

| | | | | |
|--|------------------------------------|---------------------------------|---------------------------------------|---|
| Verify address by viewing a recent utility bill, a bank statement, telephone directory and attach copy. Where the document is not in the name of the policy owner, provide explanation below. Document must not be more than 3 months old. | | | | |
| TYPE: | Telephone <input type="checkbox"/> | Water: <input type="checkbox"/> | Electricity: <input type="checkbox"/> | Current Bank Statement: <input type="checkbox"/> Other (specify) <input type="checkbox"/> |
| | | | | |

| | |
|---|------------------------------|
| Is the individual policy owner a politically exposed person? (These are individuals with prominent public functions e.g Heads of State or of government, senior politicians, senior executives of state owned corporations, senior government judicial or military officials. | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |

| | | | |
|--------------------------------|---|------------------------------|-----------------------------|
| NON-RESIDENT | | | |
| (A) Reference | Bank <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | Professional/ Business Associate <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (B) Copy of passport notarised | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Section (B) Occupation/ Business Activity of Policy Holder

| | |
|---|----------------------|
| Occupation: | Name of Employer: |
| Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> | Address of Employer: |
| Type of Business if self Employed: | |
| If self-employed, obtain at a minimum the management accounts for the last 3 years. Copies attached? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Section (c) Verification of source of funds (SOF)

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Has the Declaration of Source of Funds Form been completed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
|---|------------------------------|-----------------------------|------------------------------|

Section (D) Additional Information (please provide any additional information that may be useful in processing this application.)

| |
|--|
| |
| |

Declaration:

I hereby declare that details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Insured's Signature:

Date:

| | | |
|---|------------|-----------------|
| FOR OFFICIAL USE ONLY | | |
| I CONFIRM THAT ALL THE REQUIRED DOCUMENTS WERE VERIFIED AS BEING TRUE COPIES OF THE ORIGINALS | | |
| If applicable, was senior management approval obtained on SOF for politically exposed person? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | |
| Name: | Signature: | Date (dd/mm/yy) |

| | |
|------------------|--|
| Reviewed by: | Approved by: AML Compliance Officer (for applications where annual premium payments are equal to or exceeds EC\$75,000.00) |
| Name: | Name: |
| Title: | Title: |
| Signature: | Signature: |
| Date: (dd/mm/yy) | Date: (dd/mm/yy) |

