



When it comes to our client, everything matters

# KNOW YOUR CUSTOMER (KYC) – INDIVIDUAL CLIENT

## Due Diligence to be applied to Existing Customers (Financial Obligations Regulations S. 37)

### Explanatory Notes:

1. The purpose of this checklist is to ensure that the identity of our clients and their source of funds are properly verified in order to achieve compliance with the Financial Obligations Regulations 2010. This checklist must be completed and submitted as part of our Due Diligence to be applied to existing clients in conformity with Anti-Money Laundering Laws and Regulations.
2. Name and address of the application mentioned on the KYC form, should match with the documentary proof submitted.
3. Copies of all the documents submitted by the applicant should be attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities or persons authorised to attest such documents.
4. For non-residents and foreign nationals, copies of passport or other acceptable forms of ID and overseas address are mandatory.
5. In order to comply with the Foreign Account Tax Compliance Act (FATCA) a United States based legislation, Agostini Insurance Brokers Ltd is required to obtain identity information on its clients to determine if they are U.S. persons.

**Please Complete This Form In Block Letters.**

Client Ref #: \_\_\_\_\_

Branch/Location: \_\_\_\_\_

### A. CLIENT'S IDENTITY DETAILS

Title: Mr.  Ms.  Mrs.

Status: Single  Married  Divorced  Common-Law  Widowed

Full Name: \_\_\_\_\_

Date of Birth (dd/mm/yy): ____ / ____ / ____		Place of Birth:	
Nationality:		Other (please specify):	
Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		If "No", state Country of Residence:	
Permanent Address:			
Mailing Address:			
Telephone Numbers:	Home: ( ) _____	Mobile 1: ( ) _____	
	Work: ( ) _____	Mobile 2: ( ) _____	
Email Address: (1) _____		(2) _____	

### B. VERIFICATION OF IDENTITY AND ADDRESS (Certified True Copies of the Originals must be submitted)

ID Type (2 forms)	Number	Country of Issue	Expiry Date (dd/mm/yr)
National ID			
Driver's Permit			
Passport			
Address Verification: Utility Bill (Electricity / Water / Telephone / Cable) <input type="checkbox"/> Current Bank Statement <input type="checkbox"/> Certified Driver's Permit <input type="checkbox"/>			
Other <input type="checkbox"/>		Documents Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

### C. OCCUPATION DETAILS

Classification: Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/>	
Occupation:	<b>If Self-Employed or with side job please complete:</b>
Employer:	Occupation:
	Name of Business:
Employer Address:	Business Address:
	Business Telephone Number: ( ) _____
	VAT Registration Number (if applicable):
Employer Telephone Number: ( ) _____	Certificate of Incorporation (if applicable): Copy Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gross Annual Income Details: < \$60,000 <input type="checkbox"/> \$60,000 - \$120,000 <input type="checkbox"/> \$120,000 - \$300,000 <input type="checkbox"/> \$300,000 - \$400,000 <input type="checkbox"/> >\$400,000 <input type="checkbox"/>	

**D. POLITICALLY EXPOSED PERSONS (PEP)**

Please tick if you fall into any of these categories:

Are you an **INDIVIDUAL** or the **IMMEDIATE FAMILY** of, or a **CLOSE PERSONAL/PROFESSIONAL ASSOCIATE** of;

**Head of State or Government**  | **Senior politician**  | **Senior government, Judicial or Military Officials**

**Senior executives of State-owned corporations**  | **Important political party officials**

If yes, please provide details:

**E. APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)**

**Name and Address of Foreign Financial Institution:**

Telephone No. of Foreign Financial Institution: ( ) \_\_\_\_\_

Notarised Passport:  Driver's Permit:  Identification:  Other:

**AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA REGULATIONS)**

**Do any of the following apply to the Policy Holders**

US Indicia	Documentation Required	Documents Attached
US Citizens of lawful permanent resident <input type="checkbox"/>	<ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
US Birthplace <input type="checkbox"/>	<ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Non-US passport or similar documentation establishing foreign citizenship</li> <li>Written explanation regarding US citizenship</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
US Address (residence and mailing) <input type="checkbox"/>	<ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Non-US passport or similar documentation establishing foreign citizenship</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Instruction to transfer funds to US accounts or directions regularly received from a US address <input type="checkbox"/>	<ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Only address on file is "in care of" or "hold mail" or US PO Box (Notice of 2001-34 excludes foreign PO Box as US Indicia) <input type="checkbox"/>	<ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Power of Attorney or signatory authority granted to person with US address <input type="checkbox"/>	<ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**F. DECLARATION BY CLIENT**

I hereby declare that all of the information above is true, accurate and complete and Agostini Insurance Brokers Ltd is entitled to rely fully on such information and representation as may be required by law, unless the Organization receives notice in writing of any change thereafter.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yy

*If completed by intermediary on behalf of client: original authorization is required from client on appointment of intermediary*

\_\_\_\_\_  
Name of Intermediary (if applicable)

\_\_\_\_\_  
Signature of Intermediary

\_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yy

Seal/Stamp of the Intermediary (if applicable)

ID Details of Intermediary: ID  DP  PP  No.: \_\_\_\_\_ (Copy required)

**FOR OFFICE USE ONLY**

Originals Verified  Certified Document copies received

**Reviewed by:**

\_\_\_\_\_  
Supervisor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yy

\_\_\_\_\_  
Manager

\_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yy

\_\_\_\_\_  
Compliance Officer

\_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yy