



**THE INSURANCE COMPANY OF THE WEST INDIES LIMITED**

2 St. Lucia Avenue, Kingston 5, Jamaica W.I.

Tel: (876) 926-9040-7; Fax: (876) 929-6641; E-mail: direct@icwi.com



The **PROCEEDS OF CRIME ACT (POCA) 2007** stipulates that certain client information be collected by Financial Institutions. In order to comply with the legislation, we require that you complete and return this form immediately. Failure to do so will prevent completion of the contract documentation.

**CUSTOMER INFORMATION FORM**

**PERSONAL LINES - NEW AND RENEWAL**

Policy Number(s)/Reference # (if any) \_\_\_\_\_

Customer's Name  
Last First Middle

Otherwise Known as (aka) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Contact #s  
Home Work Cell

Date of Birth \_\_\_\_\_ E-Mail Address (if any) \_\_\_\_\_  
dd/mm/yyyy

Mother's Maiden Name  
Last First Middle

Your Occupation/Business \_\_\_\_\_

Any other source of income \_\_\_\_\_

Name and address of Employer \_\_\_\_\_

Identification: Type: \_\_\_\_\_ Number: \_\_\_\_\_  
(DL, PP, Nat.ID, Other)  
Expiry Date TRN (required) \_\_\_\_\_  
dd/mm/yyyy

Are you or your relative/close associate holding a prominent public office Yes   
(e.g. Political body, senior government officer/official, judiciary, security forces.) No

If Yes, describe: \_\_\_\_\_ AND give name and address of Spouse and Children if you hold a prominent public office

Spouse: Name Last First Middle Address: \_\_\_\_\_

Children: Name 1. Last First Middle Address: \_\_\_\_\_

Name 2. Last First Middle Address: \_\_\_\_\_

(If additional space is required use the reverse side of this form.)

Policy Number(s)/Reference # (if any) \_\_\_\_\_

*Where an agent of the applicant is providing the details for the application*

Agent's Name

\_\_\_\_\_

Last First Middle

Address

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

dd/mm/yyyy

TRN (required)

\_\_\_\_\_

Identification:

Type:

\_\_\_\_\_

#:

\_\_\_\_\_

(DL, PP, Nat.ID, Other)

*I declare that the information given above is correct to the best of my knowledge and belief.*

\_\_\_\_\_

Insured's Signature

Date:

\_\_\_\_\_

dd/mm/yyyy

*I declare that the information given above has been verified by original documentation to ensure the correctness of the information given, where appropriate.*

\_\_\_\_\_

Customer Representative's Signature

Date:

\_\_\_\_\_

dd/mm/yyyy

**Note:**

To ensure that original documentation was used as verification of information given, you are required to copy the ID showing proof of address; this would be Voter's ID, Driver's Licence or Utility bill bearing the customer's name. These copies must be placed on the file for future reference.