



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

2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182-91, Fax: 929-6641

**CUSTOMER INFORMATION FORM - INDIVIDUAL - NEW AND RENEWAL**

Dear Customer,

The Proceeds of Crime Act (POCA) 2007 requires all Financial Institutions to collect and maintain your most current information. We therefore ask that you complete and return this form so that your records can be updated accordingly. Failure to do so will prevent completion of the policy contract documentation.

Policy Number(s):			
Surname:	First Name:	Middle Name:	
Other Names (including aliases):		Mother's Maiden Name:	
Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>
		Ms. <input type="checkbox"/>	Other <input type="checkbox"/>
Date of Birth:	Place of Birth:	Nationality:	
Identification Type (DL, PP, Nat. ID, Other):		ID Number:	
		Expiration Date:	
Taxpayer Registration Number (if driver's licence is not being used):			
Home Address:		Mailing Address (if different from home address):	
Telephone Numbers:	Home:	Mobile:	Work:
Email Address:			
Occupation (businessman / businesswoman or self-employed is not acceptable):			
Name of Employer:		Address of Employer:	
		Telephone Numbers:	
Any other Source of Income:			

Have you or any relative or close associate been entrusted with prominent public functions? (e.g. Member of Parliament or Senate, Mayor, Senior Government Official, Judiciary, Security Forces - ACP and above for JCF or Major and above for JDF).

Yes  No

If Yes, state the name of the person, your relationship with him/her and the type of public office:

If Yes to the above, give the name and address of your spouse and children

Name of Spouse\* \_\_\_\_\_ Address of Spouse \_\_\_\_\_

Name of Child \_\_\_\_\_ Address of Child \_\_\_\_\_

Name of Child \_\_\_\_\_ Address of Child \_\_\_\_\_

Name of Child \_\_\_\_\_ Address of Child \_\_\_\_\_

\*Spouse includes common law husband or wife

**I declare that the information given above is correct to the best of my knowledge and belief and any misrepresentation can render the insurance of no effect.**

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION IS ONLY APPLICABLE IF AN AGENT IS COMPLETING THE FORM ON BEHALF OF THE CLIENT**

Agent's Last Name: \_\_\_\_\_ Agent's First Name: \_\_\_\_\_ Agent's Middle Name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Identification Type & Number (DL, PP, Nat. ID, Other): \_\_\_\_\_ Taxpayer Registration Number: \_\_\_\_\_

**I declare that the information given above is correct to the best of my knowledge and belief and any misrepresentation can render the insurance of no effect.**

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Customer Service Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: To ensure that original documentation was used as verification of information given, you are required to copy the photo ID, TRN (where D/L is not used as ID) and proof of address (eg. Utility Bill, Voter's ID, Bank Statement, etc.) bearing the customer's name. These copies must be placed on the file for future reference.**