

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 - COMMERCIAL - 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):					
Legal Name:					
Trade Name, if different from Legal Name:					
Company, Partnership or Association:					
Registered Address:					
Mailing Address (if different from Registered Address):					
Telephone Numbers:					
Email Address:					
Address(es) of Other Locations:					
Nature of Business / Industry:					
Date of Incorporation / Registration:					
DD/MM/YYYY					
Contact Person's Name:	Position:				
Telephone Numbers:	Email Address:				
Names of Executive Officers / Directors / Partners					
Chief Executive Officer: Last First	Middle				
Home Address:					
Chief Financial Officer: Last First	Middle				
Home Address:					

Principal Owners, Directors and Sha Category Nan		
Category Nan	ne H	
		Iome Address
Do any of your named Executive Offic	ers / Directors / Partners or Sharehold	ders hold a prominent
public position? (e.g. Member of Parlia	ament or Senate, Mayor, Senior Gove	
Security Forces - ACP and above for JO	CF or Major and above for JDF)	
Yes No		
If Yes, state their names and positions	below:	
(1) $\frac{1}{\text{Last}}$ First	Middle	Position/Title
(2)		
Last First	Middle	Position/Title
State the name(s) and address(es) of the	e spouse and children of the person(s	
State the name(s) and address(es) of the		
State the name(s) and address(es) of the (1) Name of Spouse* (1) Name of Child	Address of Spouse Address of Child	) named above:
State the name(s) and address(es) of the (1) Name of Spouse* (1) Name of Child	e spouse and children of the person(s Address of Spouse	) named above:
State the name(s) and address(es) of the (1) Name of Spouse* (1) Name of Child (1) Name of Child	Address of Spouse Address of Child	) named above:
State the name(s) and address(es) of the         (1) Name of Spouse*         (1) Name of Child         (1) Name of Child         (2) Name of Spouse*	Address of Spouse Address of Child Address of Child	) named above:
State the name(s) and address(es) of the         (1) Name of Spouse*         (1) Name of Child         (1) Name of Child         (2) Name of Spouse*         (2) Name of Child	e spouse and children of the person(s Address of Spouse Address of Child Address of Child Address of Child Address of Spouse	

## 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 Reg		Taxpayer Regis	stration 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 Represen	tative's Signature		Date	

Note: To ensure that original documentation was used as verification of information given, you are required to copy the Certificate of Incorporation and the valid ID of two (2) Directors. These copies must be placed on the file for future reference.