



The Hand-in-Hand Mutual Fire Insurance Company Ltd

Lots 1, 2, 3 and 4 Avenue of the Republic, Georgetown, Guyana

Tel: (592) 227-0663, 225-1865-7

Fax: (592) 225-7519 Email: info@hihgy.com Website: www.hihgy.com

AML Customer Verification Form (Business)

COMPANY INFORMATION

REGISTERED NAME:	DATE OF INCORPORATION:
PLACE OF INCORPORATION:	TIN:
TYPE OF BUSINESS: Company <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Co-operative <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)	

ITEMS TO BE REQUESTED:

Certificate and Articles of Incorporation, Continuance (where applicable), Certificate of Registration of the entity

Information on the identity of the Directors, Beneficial owners, Substantial shareholders, Trustees (where applicable) inclusive of valid Government issued identification

Information on the identity of authorized signatories inclusive of valid Government issued identification

Registered and Mailing Address

Proof of Address in the form of a utility bill(no older than six months)

Indicate any affiliation to Government officials, Military officials or any person who provides an important public function/s for the state;

Name: _____ Relationship: _____

CONTACT INFORMATION

REGISTERED ADDRESS:

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBER(S): _____ FAX: _____

PRINCIPAL PERSON OF BUSINESS:..... ID #:

CONTACT NUMBER (Work):.....(Cell):.....

ORIGIN OF PROPERTY:

SOURCE OF FUND:

Origin of the money paid to the policy is:

For new clients, where an annual premium exceeds \$2,000,000:- or multiple premium payments exceeds \$2,000,000 please attach one (1) of the following:

Management Accounts Other Form of Proof _____ Not Applicable (specify) _____

NATURE OF SHAREHOLDER'S HOLDING ≥ 10% PAID UP SHARE CAPITAL

NAME	RESIDENTIAL ADDRESS	ID/PP #(attach copy)	Exp. Date	Country of issue	# SHARES

DECLARATION: I do hereby declare that I have read the above/the above has been read and explained to me. I further declare that the above information given by me is true and any misrepresentation or material non-disclosure whatsoever on my part shall render the insurance policy issued herein of no legal effect.

AUTHORISED OFFICER OF COMPANY/BUSINESS: (Please print)	SIGNATURE:
SIGNATURE OF HIHMF AUTHORISED OFFICER:	DATE:

OFFICIAL USE ONLY

POLICY NUMBER(S):	AML REQUIRED DOCUMENTS RECEIVED: <input type="checkbox"/>
INCEPTION DATE:	EXPIRY DATE:
POLICY TYPE: Motor: <input type="checkbox"/> Property: <input type="checkbox"/> Life: <input type="checkbox"/> Accident: <input type="checkbox"/> Marine: <input type="checkbox"/> Public Liability: <input type="checkbox"/> Other: <input type="checkbox"/>	

Branch/Agent/Broker _____ Sum Insured.....Annual Premium..... Currency:..... Transaction Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Decline Transaction taken by:..... Position: Signature..... Date:.....
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