



# The Hand-in-Hand Mutual Fire Insurance Company Ltd

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

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Website: [www.hihgy.com](http://www.hihgy.com)

## AML Customer Verification Form (Individual)

PERSONAL INFORMATION		
SURNAME:	FIRST NAME:	
OTHER NAME(S):	TITLE: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other: <input type="checkbox"/>	
DATE OF BIRTH (dd/mm/yy):	MARITAL STATUS: Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/>	
NATIONALITY:	Separated: <input type="checkbox"/> Common Law: <input type="checkbox"/> Widow(er): <input type="checkbox"/>	
PLACE OF BIRTH:	AFFILIATION WITH GOVERNMENT/MILITARY/STATE OFFICIALS/POLITICIAN:	
COUNTRY OF RESIDENCE:	Name:	Relationship:
FORMS OF IDENTIFICATION		
<input type="checkbox"/> NATIONAL IDENTIFICATION NUMBER:	ISSUE DATE:	
<input type="checkbox"/> PASSPORT NUMBER:	EXPIRY DATE:	
<input type="checkbox"/> DRIVER'S LICENCE NUMBER:	EXPIRY DATE:	
<input type="checkbox"/> OTHER (PLEASE SPECIFY):	TIN:	
CONTACT INFORMATION		
RESIDENTIAL ADDRESS:		
TELEPHONE: (Home)	(Work):	(Cell):
EMAIL ADDRESS:	FAX:	
EMERGENCY CONTACT: (Name)	EMERGENCY CONTACT: (Tel. No.)	
EMPLOYMENT INFORMATION		
OCCUPATION/PRINCIPAL BUSINESS ACTIVITY:		
EMPLOYER/BUSINESS NAME:		
EMPLOYER/BUSINESS ADDRESS:		
PROOF OF ADDRESS (No older than six months)		
Utility Bill <input type="checkbox"/>	Bank Statement <input type="checkbox"/>	Other <input type="checkbox"/>
ORIGIN OF PROPERTY:		
SOURCE OF FUND (ORIGIN OF MONEY PAID TO THE POLICY):	EXPECTED LEVEL OF ACTIVITY (Average annual sum expected to be paid to policy):	
<b>DECLARATION:</b> 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.		
CUSTOMER NAME: (Please print)	SIGNATURE:	
HIHMF AUTHORISED OFFICER SIGNATURE:	DATE:	
OFFICIAL USE ONLY		
POLICY NUMBER:	AML REQUIRED DOCUMENTS RECEIVED: <input type="checkbox"/>	
Branch/Agent/Broker _____	Reason for Decline .....	
Type of Transaction: Motor <input type="checkbox"/> Property <input type="checkbox"/> other <input type="checkbox"/>	Transaction taken by: .....	
Sum Insured.....Annual Premium.....	Position: .....	
Currency:.....	Signature .....	
Transaction Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:.....	