

## PAYMENT REQUEST APPLICATION FORM

### STIP HOLDERS (RESIDENT & NON-RESIDENT)/MUTUAL FUND HOLDERS

*Kindly ensure that all the relevant information is provided to facilitate a seamless payment process.  
Please complete using BLOCK LETTERS.*

(For Official Use Only)		15% PAYMENT <input type="checkbox"/>	100% PAYMENT <input type="checkbox"/>
COMPANY CODE: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>		BANK DRAFT <input type="checkbox"/>	WIRE TRANSFER <input type="checkbox"/>
CONTRACT NO: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>		ACH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>
AMOUNT: \$.....		DATE REQUESTED: ..... <span style="font-size: small;">(MM/DD/YY)</span>	

OWNER 1:	<i>(If individual, insert First Name and Surname)</i>
----------	---

E-MAIL:	PHONE:	CELL:
---------	--------	-------

ADDRESS:

OWNER 2:	<i>(If individual, insert First Name and Surname)</i>
----------	---

E-MAIL:	PHONE:	CELL:
---------	--------	-------

ADDRESS:

<input type="checkbox"/> Two (2) valid forms of Original ID (National ID/DP/ Passport) <b>COPIES REQUIRED</b>	<input type="checkbox"/> Original policy contract (If lost, Declaration of Loss Policy Form)	<input type="checkbox"/> Third Party Declaration Form duly witnessed by Commissioner of Affidavit or Notary Public	<input type="checkbox"/> Notarized letter and ID for clients residing abroad	<input type="checkbox"/> Power of Attorney Registered in Trinidad & Tobago <i>(if applicable)</i>
<input type="checkbox"/> Current Board Resolution of authorized signatories of the company for Corporate STIP holders	<input type="checkbox"/> Release of Assignment duly stamped by Board of Inland Revenue <i>(if applicable)</i>	<input type="checkbox"/> Signature of one party to policies where there are multiple owners (Where "OR" appears on policies)	<input type="checkbox"/> Signature of all parties to policies where there are Multiple Owners (Where "AND" & "AND/OR" appears on policies - ALL parties must sign)	<input type="checkbox"/> Account validation requirements (e.g. copy of recent Bank Statement or Letter from Bank) or Wire Transfer instructions

#### PAYMENT INFORMATION

DO YOU OWN A BANK ACCOUNT? YES  NO

**If yes, please provide the following information:**

NAME OF ACCOUNT HOLDER: .....

NAME OF BANK: .....

BANK ADDRESS: .....

ACCOUNT NUMBER: ..... CHEQUING  SAVINGS

- ❖ *I/We certify that all information provided is accurate and authorize the Bankers to credit the Owner(s) account number identified above and the account information provided above is that of the Owner(s) ONLY. (Owner(s) Initials Required)*
- ❖ *I/We agree to the processing fee of twenty-four dollars (\$24.00) for inaccurate account numbers provided herein and authorize deduction from payment proceeds. (Owner(s) Initials Required)*
- ❖ *I/We agree that all related wiring fees will be for the account of the Payee (Owner(s) Initials Required)*

..... Owner's Name (please print)	..... Owner's Signature	..... ID/DP/Passport No.
..... Owner's Name (please print)	..... Owner's Signature	..... ID/DP/Passport No.
..... Authorised Officer's Name (please print)	..... Authorised Officer's Signature	

I, ..... hereby authorize .....  
holder of ID/DP/Passport No. .... to collect payment proceeds on my behalf.