

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)

COMPANY CODE:

CONTRACT NO:

AMOUNT: \$.....

15% PAYMENT ☐

BANK DRAFT ☐

ACH ☐

100% PAYMENT ☐

WIRE TRANSFER ☐

CHEQUE ☐

DATE REQUESTED:
(MM/DD/YY)

OWNER 1:

(If individual, insert First Name and Surname)

E-MAIL:

PHONE:

CELL:

ADDRESS:

OWNER 2:

(If individual, insert First Name and Surname)

E-MAIL:

PHONE:

CELL:

ADDRESS:

☐ Two (2) valid forms of Original ID (National ID/DP/ Passport) **COPIES REQUIRED**

☐ Original policy contract (If lost, Declaration of Loss Policy Form)

☐ Third Party Declaration Form duly witnessed by Commissioner of Affidavit or Notary Public

☐ Notarized letter and ID for clients residing abroad

☐ Power of Attorney Registered in Trinidad & Tobago (if applicable)

☐ Current Board Resolution of authorized signatories of the company for Corporate STIP holders

☐ Release of Assignment duly stamped by Board of Inland Revenue (if applicable)

☐ Signature of one party to policies where there are multiple owners (Where "OR" appears on policies)

☐ Signature of all parties to policies where there are Multiple Owners (Where "AND" & "AND/OR" appears on policies - ALL parties must sign)

☐ 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.