

# COLONIAL LIFE INSURANCE COMPANY [TRINIDAD] LIMITED

## KNOW YOUR CUSTOMER (KYC) FORM



PLEASE COMPLETE IN BLOCK LETTERS

### SECTION 1. COMPANY INFORMATION

COMPANY NAME: \_\_\_\_\_

HAS THE BUSINESS PREVIOUSLY OPERATED UNDER A DIFFERENT NAME?  YES  NO

IF YES TO THE PREVIOUS QUESTION, PLEASE STATE NAME: \_\_\_\_\_

ADDRESS OF REGISTERED OFFICE: \_\_\_\_\_

The above address **must** be supported by one of the following documents listed below (please indicate which is present). The document **must** be dated within the past **three (3)** months.

PROOF OF ADDRESS:  TELEPHONE BILL  ELECTRICITY BILL  WATER BILL  CABLE BILL

### SECTION 2. CONTACT INFORMATION

CONTACT NUMBERS: OFFICE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

CONTACT PERSON:

CONTACT NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### SECTION 3. BUSINESS SECTOR

COMPANY TYPE:  LIMITED LIABILITY  PARTNERSHIP  CREDIT UNION  FINANCIAL INSTITUTION  
 STATE ENTERPRISE  STATUTORY BODY  GOVERNMENT  CLUB/ ASSOCIATION  
 NON- PROFIT ORG.  CHARITABLE ORG.  NON-GOVERNMENT ORG.  
 OTHER (please specify): \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

### SECTION 4. COMPANY DOCUMENTS (Please submit applicable, valid documents and tick appropriately)

A. ARTICLES OF INCORPORATION/ CONTINUANCE  E. LIST OF OWNERS (with more than 10% ownership)   
B. RECENT ANNUAL RETURN  F. LIST OF DIRECTORS   
C. BYE- LAWS  G. LIST OF SIGNATORIES   
D. RECENT AUDITED FINANCIAL STATEMENTS

### SECTION 5. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

DECLARATION OF POLITICALLY EXPOSED PERSONS- PEP (SEE ATTACHED). PLEASE TICK APPLICABLE BOX IF THE FOLLOWING IS APPLICABLE TO ANY OWNER/ DIRECTOR OF THE COMPANY:

A. SENIOR MEMBER OF THE JUDICIARY  G. DIRECTOR ON A STATE BOARD   
B. SENIOR GOVERNMENT OFFICIAL  H. SENIOR INT'L ORGANISATION OFFICIAL   
C. MILITARY OFFICIAL (LIEUTENANT COLONEL OR HIGHER)  I. IMMEDIATE FAMILY MEMBER OF PEP   
D. SENIOR POLITICAL PARTY OFFICIAL  J. FOREIGN PERSON (IDENTIFIED IN A-H)   
E. SENIOR POLITICIAN  K. CLOSE ASSOCIATE OF A PEP   
F. JUDICIAL OFFICIAL

PLEASE GIVE DETAILS OF THE PEP(s) BELOW:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

POSITION/ OCCUPATION: \_\_\_\_\_ POSITION/ OCCUPATION: \_\_\_\_\_

**SECTION 6. REQUIREMENTS OF THE AML LEGISLATION**

1. By reason of the requirements of the Anti-Money Laundering Legislation (AML), Colonial Life Insurance Company [Trinidad] Limited requires that it be satisfied as to the identity of the client before conducting any transactions. Consent is hereby given to Colonial Life Insurance Company [Trinidad] Limited to disclose the information contained herein which in the opinion of Colonial Life Insurance Company [Trinidad] Limited is required to be disclosed by law or if requested by the Financial Intelligence Unit (FIU) OR Financial Action Task Force (FATF).
2. This form must be completed and signed by the CUSTOMER and reviewed by a Senior Manager or the Compliance Officer for customer acceptance.

**SECTION 7. DECLARATION**

1. I/ We declare that I/ we have to the best of my/ our knowledge answered all questions correctly and provided copies of the originals for verification of the information above in accordance with the applicable AML Legislation in Trinidad and Tobago.
2. I/ We confirm that the company has not been or is not in the process of being dissolved, struck-off, wound-up, terminated or placed under receivership or liquidation.

_____	_____	_____
AUTHORIZED SIGNATORY (PRINT NAME)	AUTHORIZED SIGNATORY (SIGNATURE)	DATE

This form is to be signed by either a Director or Corporate Secretary.

\_\_\_\_\_  
Company Seal/ Stamp

**SECTION 8. FOR CLICO'S PERSONNEL ONLY**

_____	_____	_____
AUTHORIZED OFFICER	SIGNATURE	DATE