

KNOW YOUR CUSTOMER (KYC)

DUE DILIGENCE COMPLIANCE CHECKLIST FOR CORPORATE CLIENTS

TATIL
 TATIL LIFE

EXPLANATORY NOTES

1. The purpose of this checklist is to ensure that the identity of the Policy Holders, their source of funds and tax status are properly verified in order to achieve compliance with the Financial Obligations Regulations, 2010 made pursuant to Section 56 of the Proceeds of Crime Act, 2000, as well as relevant legislation pertaining to the exchange of information with regard to foreign tax obligations.. This form must be completed and submitted as part of every application for insurance coverage.
2. Only original documents must be used in the verification process and they must be copied and attached to this form and secured in the client's file.
3. Where the Policy Holder and Payor are different persons, their relationship must be established and the Payor's Source of Funds and identity must be verified.
4. In order to comply with global reporting requirements (and the US Foreign Account Tax Compliance Act (FATCA) in particular), information on Foreign tax payer's accounts must be obtained and reported to the relevant Tax Revenue Service of the individuals home state.

PLEASE TICK THE APPROPRIATE BOXES AND ATTACH SUPPORTING DOCUMENTS WHERE APPLICABLE

SECTION A. POLICY DETAILS			
i. Policy Number	ii. Policy Type	iii. Date Effected	
SECTION B. POLICY HOLDER TYPE			
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> State Enterprise
<input type="checkbox"/> Other (<i>Specify</i>)		<input type="checkbox"/> Sole Trader	
SECTION C. POLICY HOLDER INFORMATION			
i. Full Name			
ii. Date of Incorporation		iii. Country of Incorporation	
iv. Company Registration No.	v. VAT Registration No.	vi. BIR No.	
vii. Address of Home/Registered Office			
viii. Insured Address (<i>if different to vii.</i>)			
ix. Telephone Numbers			
x. Fax Number		xi. Email Address	
Are any of the Directors, Executive Officers or Senior Managers: a member of the following class: Heads of Government or former Heads of Government, Heads of State or former heads of State, Serving Politicians, Former Politicians, Military Personnel or Former Military Personnel, Senior Executive of a state owned corporation or a former Senior Executive of a state owned corporation, a Minister of Government or a Former Minister of Government, or a Senior member of a political party?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:			
SECTION D. VERIFICATION OF IDENTITY OF POLICY HOLDER			
1. INCORPORATED ENTITY			DOCUMENTS ATTACHED
i. <input type="checkbox"/> Certificate of Incorporation			<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. <input type="checkbox"/> By Laws			<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. <input type="checkbox"/> Copy of latest annual return (<i>filed within last 12 months</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. <input type="checkbox"/> List of all Directors (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
v. <input type="checkbox"/> List of all authorized signatories (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. <input type="checkbox"/> List of all shareholders holding > 10% paid up share capital (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. PARTNERSHIP			
i. <input type="checkbox"/> Copy of Partnership Agreement duly Notarized			<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. <input type="checkbox"/> A List of Current Partners (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. <input type="checkbox"/> A List of all authorized signatories (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. TRUST			
i. <input type="checkbox"/> Copy of Trustee Agreement duly Notarized			<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. <input type="checkbox"/> A List of all parties to the Trust (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. <input type="checkbox"/> A List of all persons authorized to transact business on behalf of the Trust (<i>with verification of their identities</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No

KNOW YOUR CUSTOMER (KYC)



4. SOLE TRADER		
i. <input type="checkbox"/> Certificate of Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. <input type="checkbox"/> A copy of latest annual return	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION E. SHAREHOLDERS

1.3 Foreign INDICIA (as required by TIEA regulations)

Do any of the Shareholders have more than 10% participation in the corporate entity? Yes No

If Yes do any of the following apply to the Shareholder?

Foreign INDICIA	DOCUMENTATION REQUIRED	DOCUMENTS ATTACHED	
<input type="checkbox"/> Foreign citizenship of lawful permanent resident	<ul style="list-style-type: none"> • Obtain W-9 or Foreign Tax Number 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Foreign birth place	<ul style="list-style-type: none"> • Obtain W-9 or Foreign Tax Number or W-8BEN or Self-certification; and • Foreign passport or similar documentation establishing foreign citizenship; and • Written explanation regarding Foreign citizenship 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Foreign address (residence, correspondence, or P.O. Box)	<ul style="list-style-type: none"> • Obtain W-9 or Foreign Tax Number or W-8BEN or Self-certification; and • Foreign passport or similar documentation establishing foreign citizenship 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Instruction to transfer funds to Foreign accounts or directions regularly received from a Foreign address	<ul style="list-style-type: none"> • Obtain W-9 or Foreign Tax Number or W-8BEN or Self-certification; and • Documentary evidence establishing Foreign status 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Only address on file is "in care of" or "hold mail" or Foreign P.O. Box	<ul style="list-style-type: none"> • Obtain W-9 or Foreign Tax Number or W-8BEN or Self-certification; and • Documentary evidence establishing Foreign status 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Power of Attorney or signatory authority granted to person with Foreign address	<ul style="list-style-type: none"> • Obtain W-9 or Foreign Tax Number or W-8BEN or Self-certification; and • Documentary evidence establishing Foreign status 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION F. BUSINESS ACTIVITIES OF POLICY HOLDER

Type of Business: (Please tick box and specify where necessary)

Attorney/Accountant
 Financial Services (specify)
 Retail (specify)
 Real Estate
 Construction
 Import/Export (Specify)
 Distribution (specify)
 Transport/Travel Agent
 Dentist/Doctor
 Other (specify)

Specify

SECTION G. VERIFICATION OF SOURCE OF FUNDS OF THE POLICY HOLDER

1. SOURCE OF FUNDS

Annual Turnover		
As verified by:		
i. <input type="checkbox"/> Audited Financial Statements for preceding three years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. <input type="checkbox"/> Banker's Reference	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 42. SOURCE OF FUNDS (Complete a Source of Funds Declaration when the Premium/Payment is greater than TTD\$30,000.00)

Note that a declaration must also be completed for any cash transaction exceeding TTD\$10,000.00

i. Has the Declaration of Source of Funds Form been completed and attached? Yes No

SECTION H. SIGNATURES REQUIRED

CLIENT (To be signed by an authorized signatory)

I hereby warrant that all of the above statements and particulars are true, accurate and complete. I hereby consent to the disclosure of the above information or details of transaction related thereto to any third party, as may be required by law.

Name	Signature
Position/Title	Date

EMPLOYEE

Acknowledgement that the policyholder signed the proposal/agreement in the presence of a staff member of TATIL

Name	Signature	Date
------	-----------	------