



TATIL
 TATIL LIFE

DUE DILIGENCE COMPLIANCE CHECKLIST FOR INDIVIDUAL CLIENTS

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

Individual - Resident Individual-Non-Resident Politically Exposed Person (PEP)
 Other (*Specify*) _____

SECTION C. POLICY HOLDER INFORMATION

i. Full Name: _____			
ii. Date of Birth: _____		iii. Place of Birth: _____	
iv. Nationality: _____		v. Country of Residence: _____	
vi. Permanent Address: _____			
vii. Insured Address: (<i>if Property or Contents Insurance</i>) _____			
viii. Telephone Numbers	Home: _____	Work: _____	Mobile: _____
ix. Fax Number: _____		x. Email Address: _____	

Is the Policy Holder, their immediate family or a close associate a member of the following class: Head of Government or former Head of Government, Head of State or former head of State, Serving Politician, Former Politician, Senior Military/Law Enforcement Personnel or Former Military/ Law Enforcement 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
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If yes, provide details: _____

SECTION D. VERIFICATION OF IDENTITY/ADDRESS OF POLICY HOLDER

1.1 RESIDENT (1 valid form of picture ID must be provided)				
ID TYPE (please tick one)	Number	Country of Issue	Expiry Date	DOCUMENTS ATTACHED
<input type="checkbox"/> Passport				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National ID Card				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Driver's Permit				<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. HOME ADDRESS (using one of the following)				
Type (specify by ticking box and circling)	Date (within 3 months of application)			DOCUMENTS ATTACHED
<input type="checkbox"/> Utility Bill (Electricity, Water, Telephone, Cable)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Current Bank Statement				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Certified Driver's Permit				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2 NON RESIDENT ONLY (Please provide additional information below and attach copies of references)				
i. Overseas Bank Reference				<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Notarised Passport				<input type="checkbox"/> Yes <input type="checkbox"/> No

1.3 Foreign INDICIA (as required by T.I.E.A. regulations) - Do any of the following apply to the Policy Holder?			
<input type="checkbox"/> No – go to section 1.4	<input type="checkbox"/> Yes – tick all appropriate boxes	Foreign Tax Number:	
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

1.4 PAYOR INFORMATION (Please provide additional information below)

i. Is the Payor different from the Policy Holder Yes No

IF YES, please provide the following information on the Payor (plus proof of identification):

Name of Payor:	Relationship of Payor to Policy Holder
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SECTION E. OCCUPATION OF PAYOR

Employee Occupation ----- Name of Employer -----

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

<input type="checkbox"/> Attorney/Accountant	<input type="checkbox"/> Financial Services (specify)	<input type="checkbox"/> Retail (specify)	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Construction
<input type="checkbox"/> Import/Export (specify)	<input type="checkbox"/> Distribution (specify)	<input type="checkbox"/> Transport/Travel Agent	<input type="checkbox"/> Dentist/Doctor	<input type="checkbox"/> Other (specify)

Specify

SECTION F. VERIFICATION OF SOURCE OF FUNDS OF THE PAYOR

1. SOURCE OF FUNDS (State the source of funds for the payment of the premiums)

2. ESTIMATED ANNUAL INCOME (Kindly tick relevant box below)

<input type="checkbox"/> Less than < \$72,000.00 TTD	<input type="checkbox"/> \$72,000.00 to \$150,000.00 TTD
<input type="checkbox"/> \$150,000.00 to \$300,000.00 TTD	<input type="checkbox"/> Greater than > \$300,000.00 TTD

SECTION G. SIGNATURES REQUIRED

CLIENT

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	Date
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EMPLOYEE

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

Name	Signature	Date
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