

## TATIL LIFE ASSURANCE LIMITED/ TRINIDAD AND TOBAGO INSURANCE LIMITED DECLARATION OF SOURCE OF FUNDS

AMOUNT OF FUNDS:			POLICY NUMBER:
cash □ o	THER (Specify)	DATE RECEIVED://	
CHEQUE			TYPE OF POLICY:
BRANCH/OFFICE:			
NAME OF	ППП	<del></del>	
CUSTOMER	First Name		Middle Name
	First Name		middle Name
	Last Name		
OCCUPATION			
NAME OF			
COMPANY			
TYPE OF COMPANY LIMITED LIABILITY  SOLE TRADER  STATE ENTERPRISE  OTHER (Specify)			
1. ADDRESS:			
No.	street	city	country
MAILING ADDRESS: _	No. stre	eet city	country
2. HOME PHONE NO:		WORK PHONE NO:	CELL PHONE NO:
DATE OF BIRTH:    J			
day month year If non resident, state country of Origin			
3. PERSONAL IDENTIFICATION			
IDENTIFICATION CARD NO: DRIVER'S LICENCE NO: PASSPORT NO:			
4. REGULAR PAYMENT  UMP SUM PAYMENT  CURRENCY: TT US  OTHER (Specify)			
I declare that the source of funds is:			
The towns of the Decemen	D A-t 1001 the	Duran de ef Oriera Ast 0000 0 the Asti T	Tarantina Art 2005 are vive that the Common has a kieffed as
The terms of the Dangerous Drugs Act 1991, the Proceeds of Crime Act 2000 & the Anti-Terrorism Act 2005 require that the Company be satisfied as to the source of funds before accepting deposits of funds for transfer or for investment in insurance and insurance related instruments or for the			
payment of insurance premiums. Consent is hereby given to <b>Tatil Life Assurance Limited/Trinidad &amp; Tobago Insurance Limited</b> to disclose its information to the relevant authorities.			
information to the releval	it additionates.		
Funds Accepted By			Customer's Signature
<u> </u>			
OFFICIAL USE ONLY			
Transaction Transaction Declined Customer's refusal to Other (Explain on			
accepted Customer's explanations sign form Reverse)			
refused or unreasonable			
Authorising Official's Signature Date			
Autho	Date		