

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

AMOUNT OF FUNDS:	OTHER (Specify) DATE RECEIVED:/						- P(DLICY NUMBER:													
CHEQUE	,		TYPE OF POLICY:																		
BRANCH/OFFICE:																					
NAME OF CUSTOMER	First Name							Middle N	lame	I											
OCCUPATION	Last Name						П														
NAME OF COMPANY TYPE OF COMPANY	LIMITED LIABILITY	SOLE TRA	ADER [] STA	TE EN	TERPRIS	SE \square	ОТІ	HER (Sp	pecify)			Ι	I	Ι					
1. ADDRESS:																					
										CELL PHONE NO:											
DATE OF BIRTH: J																					
3.				SONAL IE			_	g													
IDENTIFICATION CARD NO: DRIVER'S LICENCE NO:										_	PA	SSPO	RT N	10:							
4. REGULAR PAYMENT UMP SUM PAYMENT CURRENCY: TT US OTHER (Specify)																					
I declare that the source of funds is:																					
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 at 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 Tatil Life Assurance Limited/Trinidad & Tobago Insurance Limited to disclose it information to the relevant authorities.														for the							
Funds Accepted By				Custome									r's Signature								
		0	FFIC	IAL US	SE O	NLY															
Transa accep	ted Custome	ion Decline r's explana or unreasor	ations			uston gn foi		refus	al to			er (E erse		ain d	n						
Authorising Official's Signature														Da	ıte						
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