Customer Information Checklist - Individual

Information requested seeks to satisfy legal and regulatory requirements. Submissions made will not be disclosed to any other individual or entity without your permission or unless legally required

CARIBBEAN ALLIANCE INSURANCE CO. LTD

Applicant's Full Name: *(To include maiden name if applicable)* _____ **Title:** _____

Additional Applicant's Full Name: *(To include maiden name if applicable)* _____ **Title:** _____

Alias/Other Names: _____

Date of Birth: _____ **Date of Birth:** *(Additional Applicant if applicable)* _____

Are the necessary Identification Documents for ALL relevant person, including persons acting on insured's behalf obtained/on file? _____

Name of Employer & or Nature of Business: _____

Name of Employer & or Nature of Business: *(Additional Applicant if appliacable)* _____

Has a Source of Funds form been completed and signed by the Client? *(If applicable)* _____

Employer's Address: _____

Employer's Address: *(Additional Applicant if appliacable)* _____

Profession/Job Title: _____	**Job Code:** ___	**If Retired, Previous Profession/Job Title:** _____	
Profession/Job Title: *(Additional Applicant if appliacable)* _____	**Job Code:** ___	**If Retired, Previous Profession/Job Title:** _____	

Residential Country: _____ **Residential Country:** *(Additional Applicant if appliacable))* _____

Country of Birth: _____ **Country of Birth:** *(Additional Applicant if appliacable)* _____

Other Nationalities: _____ **Other Nationalities:** _____

Document Used: _____

Has the Proof of Address been obtained/on file? _____ **If other, please specify:** _____

Contact Number(s): _____ **Email Address(es):** _____

Enitity/individual(s) acting on Policyholder's behalf: *(i.e. Broker, Financial Institution or other 3rd Party)* _____

Is the client(s) a PEP, associated with a PEP or a known Negative Public Figure? _____

If Yes, please explain: _____ **Type:** _____

Total Annual Premium Amount for ALL Policies: _____ **Payment Method:** _____

Introduction Channel: _____ **Payment Channel:** _____

Years of the clients's established relationship with CAIC & or Agent _____

Comments	_____

Underwriting Officer: _____ **Date:** _____

Manager's Signature: *(Management Approval is required if any onboarding requirement cannot be met, if a potential client is "Politically Exposed" or negative media information might arise)* _____ **Date:** _____

Compliance Officer: _____ **Date:** _____