



Customer Information Checklist - Business/Organization

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

Entity Name:

Physical Address: Domicile Country:

Has the Proof of Address been obtained/on file? Document Used:

If other, please specify:

Location of Headquarters /Other Offices (if applicable) :

Nature of Company / Type of Organization: Affiliation:

Scope of Activity:

Has a Source of Funds form been completed and signed? (applicable)

Name of Owner(s) & or Individual(s) authorized to conduct business on entity's behalf (i.e. shareholders of 5% or more)

Name	Residential Country

Name	Residential Country

Entity/Individual(s) acting on Policyholder's behalf: (i.e. Broker, Financial Institution or other 3rd Party)

Are the necessary document(s) which verify Company/Organization Name, Owners, Shareholders, Directors and or Board Members obtained/on file?

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

Contact Number(s):

Email Address(es): Website:

Are any of the Owners, Shareholders, Directors and or Board Members a PEP, associated with a PEP or Negative Public media?

If Yes, please explain: Type:

Total Annual Premium Amount for ALL Policies: Payment Method:

Introduction Channel: Payment Channel:

Has the established policy terms been approved by the client(s) either via Proposal Form, other document or written communication?

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

Comments	
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Underwriting Officer: Date:

Manager's Signature: Date:

Compliance Officer: Date:

Comments	
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