

Questionnaire

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other, specify:.		
Last Name*		
First Name*		Middle Name
Passport or Identity Card No.*	Country of Issue*	Expiry Date*
Telephone Number*	Fax Number	Email Address*
Country of permanent residence*	Nationality*	
Date of Birth*	Place of Birth*	
<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<u>Marital Status*</u>		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Taxable Residence:		
Are you a United State resident for Tax purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give details _____		
Jurisdiction(s) for Tax purposes*: _____		
Tax Identification Number (TIN)*: _____		
Are you Politically Exposed or associated to any Political person: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give details _____		
<u>Occupation*</u> : _____		
Employer's Name: _____		
Employer's Business Address: _____		
Employer's Phone: _____		
Employer's Website: _____		

Permanent Physical Address*

Street Name & Number

Flat

Area

Postal Code

City

Country

Mailing Address (if different from the Permanent Address)

Street Name & Number

Flat

Area

Postal Code

City

Country

Telephone No.*

Home

Work

Mobile

Fax

E-mail Address*

Personal

Work

Preferred language of communication *

English Other (please specify)

General Terms

1. I hereby confirm that the information given above is true, correct and complete and you are hereby authorized to use this information for all services offered and for which I may apply from time to time and for all the services offered in the future.
2. Change of Data
For any changes in the data given above, I have the obligation to notify the company the soonest possible and I acknowledge that the company is not liable for any wrong data, or for the non-prompt amendment of data which I have omitted or neglected to send and to inform the company.

3. Know Your Client documentation

Please attach to this application form, where applicable, the following documents:

N:	Policy name	Tick (client use)	Tick (internal use only)
1	Color copy of Identity Card or Passport		
2	Copy of a recent Utility bill (e.g. of electricity or telephone, or other document to the satisfaction of the Company evidencing the permanent residence of the Customer - maximum 6 months old).		
3	Recent bank statement if applicable (maximum 6 months old)		

**The above documents are not exhaustive and the Company may require additional documents where this shall be deemed necessary.*

I hereby declare and confirm that these are true and correct and that I have not withheld any relevant or substantial information.

I confirm that I have delivered whatever is required in accordance with point 3 above and that such are original and authentic and content is true and accurate.

.....
Customer Name:

.....
Signature

.....
Date