

## INDIVIDUAL CLIENT- KNOW YOUR CUSTOMER (KYC) FORM

For compliance with the provisions of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2020 and subsequent amendments and regulations, kindly complete the following details in BLOCK CAPITALS, sign, date and return together with the required documents.

### Section A – Information of Customer

Insured       Beneficiary

CUSTOMER PROFILE				
<b>Title</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Other; please specify: _____			
<b>Forename(s)</b>				
<b>Surname</b>		<b>Gender</b>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other; please specify: _____	
<b>Marital Status</b>		<b>Spouse Full Name</b> (if applicable)		
<b>Maiden name</b> (if applicable)		<b>No. of Children</b> (if applicable)		
<b>Residential Address</b> (excluding P.O. Boxes)*		<b>Mailing Address</b> (if different from Residential Address)		
<b>Nationality</b> (Tick as appropriate)	<input type="checkbox"/> Citizen of Seychelles <input type="checkbox"/> Other; please specify: _____			
<b>National Identification Number (N.I.N.)</b>		<b>Date of Birth</b> (DD/MM/YYYY)		
<b>Email Address</b>				
<b>Home No.</b>		<b>Work No.</b>		<b>Mobile No.</b>

RESIDENTIAL STATUS	
<b>Residential Status</b> (Tick as appropriate)	<input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Owner Occupier (no mortgage) <input type="checkbox"/> Company residence <input type="checkbox"/> Owner Occupier (with mortgage) <input type="checkbox"/> Other; please specify: _____

EMPLOYMENT INFORMATION			
<b>Employment Status</b> (Tick as appropriate)	<input type="checkbox"/> Self-employed <input type="checkbox"/> Employed (full-time) <input type="checkbox"/> Casual Worker/Part-time <input type="checkbox"/> Retired/Pensioner <input type="checkbox"/> Unemployed <input type="checkbox"/> Other; please specify: _____		
<b>Employer's Name</b> <b>Employer's Address</b> (if employed)			
<b>Business Name</b> <b>Business Address</b> (if self-employed)			
<b>Job Title</b>		<b>Nature of Business</b>	

SOURCE OF FUNDS	
<b>Source of Funds</b>	<input type="checkbox"/> Salary <input type="checkbox"/> Savings from income <input type="checkbox"/> Loan <input type="checkbox"/> Inheritance <input type="checkbox"/> Retirements benefit/Pensions <input type="checkbox"/> Sale of Shares <input type="checkbox"/> Dividends/interest <input type="checkbox"/> Maturing investment <input type="checkbox"/> Rental/Sale of Property <input type="checkbox"/> Lottery/other winnings <input type="checkbox"/> Gift <input type="checkbox"/> Other; please specify: _____
<b>Average monthly income</b>	<input type="checkbox"/> Under SCR 10,000 <input type="checkbox"/> SCR 10,000- SCR 25,000 <input type="checkbox"/> SCR 25,001- SCR 50,000 <input type="checkbox"/> Above SCR 50,001

<input type="checkbox"/>	I hereby declare that the funds utilised to transact with ..... are not the proceeds of money laundering, terrorist activities or any other illegal or criminal activities.
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POLITICALLY EXPOSED PERSONS, THEIR IMMEDIATE FAMILY MEMBERS AND CLOSE ASSOCIATES			
<input type="checkbox"/>	No PEP status	<b>PEP Function</b> (if yes)	
<input type="checkbox"/>	Yes, I am a politically exposed person.		
<input type="checkbox"/>	Yes, I am an immediate family member/close associate of a politically exposed person.	<b>Relationship to PEP</b> (if yes)	

FOR FOREIGNERS ONLY			
<b>Passport issuing Country</b>		<b>Passport Number</b>	
<b>Date of Issue</b> (DD/MM/YYYY)		<b>Date of Expiry</b> (DD/MM/YYYY)	
<b>Residence Permit Number</b>		<b>Work Permit Number</b>	
<b>Residence Permit expires</b> (DD/MM/YYYY)		<b>Work Permit expires</b> (DD/MM/YYYY)	
<b>Overseas Address</b>			

CUSTOMER'S DECLARATION			
<input type="checkbox"/>	I, the undersigned, certify to the best of my knowledge and belief, that the information provided in this form is true and correct and that I have not withheld any material information relating to my financial dealing with .....		
<input type="checkbox"/>	I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.		
<input type="checkbox"/>	I hereby authorize a representative of ..... to complete the form on my behalf. I certify that I have read the contents of this Individual Client Information Form and that all entries made are both truthful and accurate to the best of my knowledge. <b>(if applicable)</b>		
<input type="checkbox"/>	I confirm that the address stated on the proof of address therein is still valid and there has been no changes to same.		
<b>DATE</b> (DD/MM/YYYY)		<b>SIGNATURE</b>	

IDENTIFICATION DOCUMENTS	
<b>Proof of identity-</b> you <b>must</b> supply 1 item from this list to _____	
<input type="checkbox"/> Passport	<input type="checkbox"/> Seychelles Drivers Licence <input type="checkbox"/> Seychelles ID Card
<b>Proof of address</b> (under 3 months old) - you <b>must</b> supply 1 item from this list to _____	
<input type="checkbox"/> Utility Bill <input type="checkbox"/> Letter from Employer <input type="checkbox"/> Letter from Landlord <input type="checkbox"/> Seychelles Drivers Licence	
<input type="checkbox"/> Bank Statement /Bank reference	<input type="checkbox"/> Fixed Line Telephone Bill

FOR OFFICIAL USE			
<b>DATE RECEIVED</b> (DD/MM/YYYY)		<b>CHECKED BY</b>	
		<b>SIGNATURE OF OFFICER:</b>	