DIAMOND FIRE AND GENERAL INSURANCE INC.
LOT 11 LAMAHA STREET, QUEENSTOWN, GEORGETOWN
PO BOX 10510 GEORGETOWN GUYANA
TEL: 592 – 223 – 9771-3 FAX: 592 – 223 – 9770 E-MAIL: dfgi@diamondinsgy.com

CUSTOMER VERIFICATION FORM (Institutions)

Please use block capitals letter and tick ☑ as applicable to complete form

IDENTIFICATION DETAILS			
REGISTERED NAME:			
TRADING NAME(IF APPLICABLE):			
DATE OF INCORPORATION:		PLACE OF INCORPORATION:	
COMPANY REGISTRATION NUMBER:			
TYPE OF BUSINESS ENTITY: Company ☐ Partnership ☐ Sole Proprietorship ☐ Charitable Entity ☐			
TYPE OF BUSINESS SECTOR:			
Private Sector Service	☐	Professional (attorney/accountant)	☐
Public Sector/Government Service	☐	Real Estate	☐
Financial Services	☐	Broker Retail/Distribution	☐
Medical (dentist/doctor)	☐	Transport/Travel	☐
Construction	☐	Other (please specify) _____	☐
ITEMS REQUIRED: -			
1 .Certificate and Articles of Incorporation, Continuance (where applicable), Certificate of Registration of the entity, Notice of Registered Address			
2. Information on the identity of the Directors, Beneficial owners, Substantial shareholders, Trustees (where applicable) inclusive of valid Government issued identification			
3. Information on the identity of authorized signatories inclusive of valid Government issued identification			
4. Proof of Address in the form of a utility bill (less than 3 months old)			
5. Indicate any affiliation to Government officials, Military officials or any person who provides an important public function/s for the state			
CONTACT DETAILS			
REGISTERED ADDRESS:			
COUNTRY :		TELEPHONE NUMBER(S): *Please include area code*	
FAX:		EMAIL ADDRESS:	
MAILING ADDRESS:			
COUNTRY :		TELEPHONE NUMBER(S): *Please include area code*	
FAX:		EMAIL ADDRESS:	
SOURCE OF FUNDS			
ORIGIN OF MONEY PAID TO POLICY:			
EXPECTED LEVEL OF ACTIVITY(Average annual sum expected to be paid to policy):			
DATE:		PLACE:	
CUSTOMER NAME (PLEASE PRINT):		SIGNATURE:	
FOR OFFICIAL USE ONLY			
POLICY #(S):		MODE OF PAYMENT	
INCEPTION DATE:		EXPIRATION DATE:	

POLICY TYPE:
Motor ☐ Accident ☐ Marine ☐ Property ☐ Public Liability ☐ Other (please specify) ☐
_____

POLICY #(S):	(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED ☐
REVIEWED BY:	
NAME:_____	NAME:_____
TITLE:_____	TITLE:_____
SIGNATURE: _____	SIGNATURE: _____
DATE:_____	DATE:_____