Guardian Group

Guardian General Insurance Jamaica Limited

Corporate Customer Information Form

Dear Customer,

It is a requirement of the Financial Services Commission (FSC) to collect and maintain your most recent information. We therefore ask that you complete and return this form so that your record can be updated accordingly.

Registered Name:	
Trade Name, if different from Registered Name	
Type of Business: Corporation Partnership Sole Proprietorship Charitable Organisation Other specify	
Registered Address:	
Country	Tax Registration Number (TRN)
Mailing Address (if different from Registered Address)	
Telephone Numbers Work Fax Cell	
Email Address	
Nature of Business/Industry (in full)	
Date of Incorporation/Registration _____ DD/MM/YYYY	Company No:_____
Contact Person information Last First Middle	
Contact Position	ID # & Type
Contact Information Tel: Office Fax Email:	

I declare that the information given above is correct to the best of my knowledge.

Insured/Agent Signature _____ _ Date_____

Customer Service Signature _____ Date _____

Please provide the following documents:

1. Copies of ID from at least 2 Directors (DL,PP or Voters ID)
2. Copy of Certificate of Incorporation