

## INSTRUCTIONS FOR COMPLETING THE CORPORATE KYC FORM

- All fields should be completed.
- If there is insufficient space to answer a question, additional information can be provided on a separate signed sheet.

|                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Business Name:</b>                                                                                                                                                                                                                                                                                                                                                          |  | <b>VAT TIN:</b>                                                                                                                                                                           |
| <b>Physical Address or Location of Business:</b> <i>(Building Number, Street Name, P.O. Box, Island, Country)</i>                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                           |
| <b>Country of Incorporation:</b>                                                                                                                                                                                                                                                                                                                                               |  | <b>Country of Domicile:</b>                                                                                                                                                               |
| <b>Telephone Number:</b>                                                                                                                                                                                                                                                                                                                                                       |  | <b>Email:</b>                                                                                                                                                                             |
| <b>Nature of Business:</b>                                                                                                                                                                                                                                                                                                                                                     |  | <b>Method of Premium Payment:</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque<br><input type="checkbox"/> Online/Direct Deposit |
| <b>Name of Ultimate Beneficial Owners (10% and Over Only):</b>                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                           |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Ownership Percentage</b>                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                           |
| <b>Do you have a Shareholder, Director or Officer that is a Politically Exposed Person (PEP)<sup>1</sup>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                         |  |                                                                                                                                                                                           |
| <b>Name of PEP<sup>1</sup>(s):</b>                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                           |
| <b>Public Position/Office held by PEP<sup>1</sup>(s):</b>                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                           |
| <b>Declaration</b><br>I/We hereby declare that to the best of my/our knowledge and belief, the information provided above are true and correct, and no material fact has been misrepresented, misstated or withheld. I understand and agree that this KYC form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Insurer(s). |  |                                                                                                                                                                                           |
| <b>Name of Authorized Principal Representative:</b>                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                           |
| <b>Date:</b>                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Signature:</b>                                                                                                                                                                         |
| <b>FOR INTERNAL USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                           |
| <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Valid Business Licence <input type="checkbox"/> Certificate of Good Standing<br><input type="checkbox"/> Register of Officers & Directors <input type="checkbox"/> Board Resolution                                                                                                             |  |                                                                                                                                                                                           |

<sup>1</sup> "Politically Exposed Person" or "PEP" is a natural person who is or has been entrusted with prominent public functions, their immediate family members and persons known to be close associates of such persons e.g. Heads of State, Members of Parliament, Judicial Officers, Directors and Executives of Statutory Boards, Senior Government Officials, Senior Diplomats etc.