

## Information Collection Sheet for Entity Customers (Underwriting)

**Policy Number:** \_\_\_\_\_

**Please choose the right scenario that suits your transaction:**

- An insurance policy, the premium of which is more than 50,000 CNY or in any foreign currency equivalent to more than 10,000 USD
- Where customers applying for terminating the insurance contract, the refunded premium or refunded cash value for insurance policy is more than 10,000 CNY or in any foreign currency equivalent to more than 1,000 USD
- Others (Please specify): \_\_\_\_\_

**Amount of transaction:** \_\_\_\_\_  CNY  USD

Business type:  Renewal policy  New business

### Information of the Customers

<b>1) Basic information of the policy holder</b>
<b>Name*:</b> (Please input the name as shown in the business license or any other valid certificate)
<b>Certificate Number*:</b> (Please input the name as shown in the business license or any other valid certificate)
<b>Address of the business premise*:</b> (Please input the address of the business place as shown in the business license or any other valid certificate)
<b>Business scope*:</b> (Please input the business scope as shown in the business license or any other valid certificate)
<b>Type of the ownership*:</b> <input type="checkbox"/> State-owned enterprise <input type="checkbox"/> Enterprise of collective ownership <input type="checkbox"/> Joint venture <input type="checkbox"/> Foreign-invested enterprise <input type="checkbox"/> Private enterprise <input type="checkbox"/> Others (Please specify): _____

<p>Expiration date (mm/dd//yy)*: (Please input the expiration date of the business license or any other valid certificate)</p>
<p>Contact Information*:</p>
<p>The information of the legal representative or principal:</p> <p>Name*:</p> <p>ID document* <input type="checkbox"/>Resident Identity Card <input type="checkbox"/>Passport <input type="checkbox"/> Others(Please specify)_____</p> <p>ID Number*:</p> <p>The expiration date of the ID document (mm/dd//yy) *:</p> <p>Contact Information*:</p> <p><b>If the above information cannot be provided please explain the reason</b></p> <p>The information cannot be provided because _____</p>
<div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="color: red; font-size: small;">Can be same person for both. Per local regulation, can be CEO, CFO or any senior management member if he/she has a share of company</p> </div>
<p>The name of the beneficial owner*:</p> <p>ID document* <input type="checkbox"/>Resident Identity Card <input type="checkbox"/>Passport <input type="checkbox"/> Others(Please specify)_____</p> <p>ID Number*:</p> <p>The expiration date of the ID document (mm/dd//yy)*:</p> <p>The beneficial owner is which one of the followings (please refer to <b>Instructions</b> and tick the box)*:</p> <p><input type="checkbox"/> A natural person directly or indirectly own more than 25% of equities or voting rights of the company</p> <p><input type="checkbox"/> A natural person controlling the company by means of personnel, finance or otherwise</p> <p><input type="checkbox"/> A senior officer of the company</p> <p><b>If the above information cannot be provided please explain the reason</b></p> <p>The information cannot be provided because _____</p>
<p><b>2) Basic information of the insured</b></p>
<p>Does the insured also act as the policy holder: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">If Yes, skip to item 3</span></p> <p>(If yes, no need to input the information of the insured. If not, please provide the information.)</p>
<p>Name*:</p> <p>(Please input the name as shown in the business license or any other valid certificate)</p>

<p><b>Certificate Number*:</b> (Please input the name as shown in the business license or any other valid certificate)</p>
<p><b>Address of the business premise*:</b> (Please input the address of the business place as shown in the business license or any other valid certificate)</p>
<p><b>Business scope*:</b> (Please input the business scope as shown in the business license or any other valid certificate)</p>
<p><b>Expiration date (mm/dd//yy)*:</b> (Please input the expiration date of the business license or any other valid certificate)</p>
<p><b>Contact Information*:</b></p>
<p>The name of the legal representative or principal*:            ID document*   <input type="checkbox"/>Resident Identity Card   <input type="checkbox"/>Passport   <input type="checkbox"/> Others(Please specify)_____</p> <p>ID Number*:            The expiration date of the ID document (mm/dd//yy) *:</p> <p>Contact Information*:</p> <p><b>If the above information cannot be provided please explain the reason</b>            The information cannot be provided because _____</p>
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**3) The information of the authorized person who operates the business or transaction on behalf of the customer**

Name\*:

ID document\* Resident Identity Card Passport  Others(Please specify)\_\_\_\_\_

ID Number\*:

The expiration date of the ID document (mm/dd//yy)\*:

Contact Information\*:

**Customer Statement:**

- 1. The information about our company provided above is true, accurate and effective. We will inform the insurer of any change to the above information.**
- 2. We are fully aware of the purpose and scope of collecting the above information, which is to prevent money laundering and terrorist financing activities.**
- 3. We understand that due to business needs, the insurer will provide the above information outside China, and Zurich China's Personal Information Protection Statement is published on the Insurer's official website at the following link <https://www.zurich.com.cn/statement.html>. We agree and undertake that if the provided information involves the personal information of any natural person, our company will process the personal information in strict accordance with the relevant laws and regulations, inform the data subject of the cross-border transfer (including the name, contact information, processing purpose, processing method, type of personal information, the methods and procedures for individuals to exercise their rights under the Personal Information Protection Law to the overseas recipient, etc.), and obtain the separate consent of the relevant natural person. The personal information provided to Zurich China is legal and compliant. We understand that the Zurich China processes the personal information for the purpose of achieving insurance services and providing better services to the policyholder/insured, and we shall be liable for compensation if the Zurich China suffers losses due to our illegal processing of personal information.**

The signature of the authorized person who acts on behalf of the customer:

The official seal of the customer:

Date:

\* Please provide photocopies of the above mentioned ID and certificates.

**The table below is to be filled out by Zurich China:**

**The statement of the staff who collects the customer information:**

I certify that the information of the customer is provided by the customer, the intermediary institution involved or its authorized representative. I have put the photocopies of the required documents as the attachments to the form for further verification. In case the customer fails to provide the photocopies, I confirm I have checked the original ID documents by myself.

The signature of the salesperson/underwriter:    The signature of the department head:

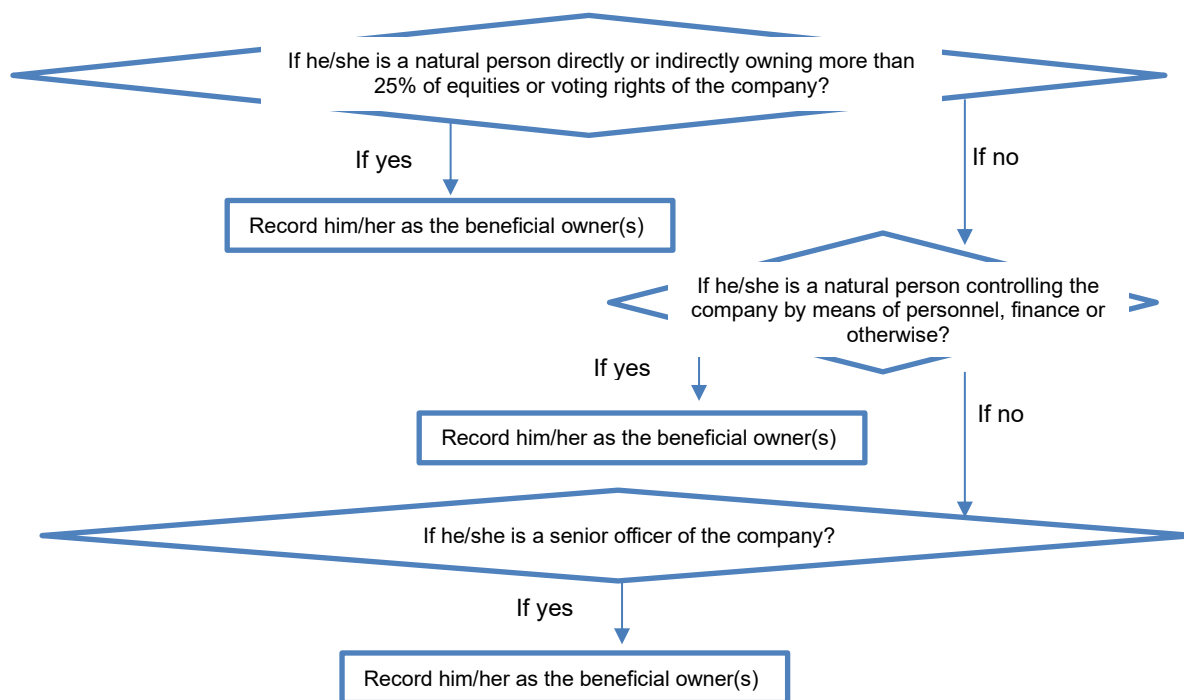
\_\_\_\_Year \_\_\_\_ Month \_\_\_\_Date

\_\_\_\_Year \_\_\_\_ Month \_\_\_\_ Date

**Instructions:**

1. The “**Entity customers**” refer to the legal persons or the unincorporated institutions.
2. The ID documents should be within their validity when collected by Zurich China.
3. According to Chinese Anti-money Laundering laws, the beneficial owners must be natural persons.

The beneficial owners should be recorded by following the below judgement steps:



If relevant information is not available, the staff of Zurich China should make sure the information collection requirements have been conveyed to the customers and ask the customers to put down the reasons for absent information. If the customers are state organs or inter-government organs, they can be exempted from the KYC requirements. However, the rationale for exemption still needs to be recorded.