

Confirmation of residential address form

Policy number (For office use only)	
	where our accepted criteria for proof of residential address cannot be met.
In the event of a joint or multiple application, please co	·
1. Details of the applicant	
Title Mr Mrs Miss Ms Dr	Other (please give details)
Family name	
Forename(s)	
Please give details of any previous names or aliases used	d (including maiden name)
Current residential address	
Correspondence address (if different to residential addr	ress)
	the following alternatives for proof of your residential address confirmation and provide 'not applicable' or 'not available' are not acceptable reasons for not being able to
Evidence type	Please provide an explanation of why this is not available. One/single word answers are not acceptable.
A recent rates, council tax or utility bill.	
Most recent Tax Assessment issued by a government department in an Equivalent Jurisdiction received in the post.	
A recent account statement from a regulated bank, building society or credit card company.	
A recent Correspondence from an Official Central or local government department or agency in an Equivalent Jurisdiction* received in the post.	

Details of the applicant (continued)			
Evidence type	Please provide an explanation of why this is not available. One/single word answers are not acceptable.		
A recent Mortgage statement from a regulated lender.			
Most recent Personbevis issued by the Swedish Tax Authority received in the post.			
An original letter from the applicant's employer, confirming that they are an employee and the current residential address of the applicant.			
A current photographic driving license.			
Government or National ID Card (With current residential address), including Emirates ID Card.			
Rental Agreement or Tenancy Contract.			
If you need additional space to add any further comments to those on page one, please use the space below to explain why a suitable document cannot be provided.			

2. To be completed by the applicant's relevant financial professional

Relevant financial professional's details

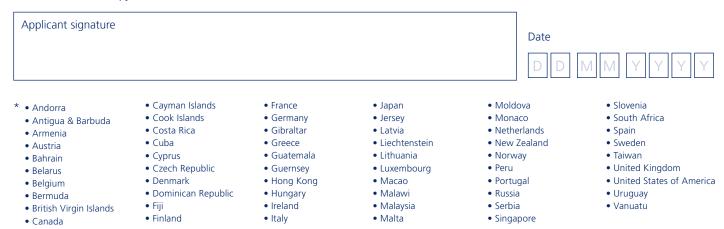
Family name		
Forename(s)		
Job title		
Brokerage name	Brokerage number	
Suitable certifier/regulatory number (if application)	able)	
Signature		
		Date D D M M Y Y Y Y

Important note

This form must be completed and signed by clients and introducers who submit business to Zurich International Life Limited. We understand that in certain circumstances it is difficult to provide proof of residential address to satisfy our anti-money laundering requirements. This can be a particular problem in territories which do not have a postal delivery system, but the regulations to which we are subject do provide a number of alternatives in recognition of the international nature of our business. In circumstances where we have been unable to obtain documentary proof of residential address, we are obliged to mark in our records that the address is not confirmed (this includes a P.O. Box address). In these circumstances, we will have to ask for complete verification (including this form if appropriate) on each subsequent change of address, until we are able to obtain satisfactory proof of residential address.

3. Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy or contact us for a copy.



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