

Zurich International Group Risk Solutions

Directors', partners' and beneficial owners' form

Please provide details of company director(s)/partners.

Policy number

Company name

Details of company director(s)/partners

NOTE: The provided ID Type information must be consistent with the nationality listed below.

	New addition, Deletion, or Change	Full Name	Date of Birth (DD/MM/YYYY)	Nationality	ID Type	ID No.
1						
2						
3						
4						
5						
6						

Details of beneficial owners

Please also provide the below documents for each beneficial owners.

NOTE: A suitably certified copy of a valid passport, or national ID, showing a photograph is required. The provided ID Type information must be consistent with the nationality listed below.

	New addition, Deletion, or Change	% of issued share capital/ voting right held	Full Name	Date of birth (DD/MM/YYYY)	Nationality	ID Type	ID No.
1							
2							
3							

Residential
Address

1	
2	
3	

For the addition of further directors/partners and beneficial owners, please print a duplicate copy of this form and attach to the signed copy.

Beneficial Owner(s) in relation to a corporation partnership and incorporated body or trust, means an individual who fulfils any of the following criteria.

- Owns or controls, directly or indirectly, no less than 25% of the issued share capital of the corporation/share of the capital or profits of the partnership/capital of the trust property*; or
- is, directly or indirectly, entitled to exercise or control the exercise of no less than 25% of the voting rights at general meetings of the corporation/in the partnership*; or
- exercises ultimate control over the management of the corporation/partnership; or
- settlor, protector or enforcer, in case of trust; or
- if the policyholder is acting on behalf of another person, means the other person.

*A suitably certified copy of a valid passport, or national ID, showing a photograph of persons with 25% or more of the voting rights or share capital is required.

NOTE: With reference to section 3.5 of the Guideline on Anti-Money Laundering and Counter-Terrorist Financing, if the country/customer risk is high, ID/Passport copies and address proof of persons with 10% or more of the voting rights or share capital are required to be provided.

Data privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (Zurich) as Data Controller under applicable data protection laws. Full details of our data protection policy can be found at www.zurichinternational.com/im/legal/privacy.

Declaration

- I/We declare that the information given in this form is true and accurate.
- I/We confirm that all the information passed to Zurich has been obtained in accordance with the data protection laws and where I/we have provided Zurich with information about an individual, I/we have obtained the individual's consent to the processing of their personal information.

Name

Authorized signature

Date

Company/ Trust stamp

Company name

Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 020126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.

Telephone +44 1624 662266 Telefax +44 1624 662038 www.zurichinternational.com

