

Document certification form

To Zurich International Life Limited

In respect of (client name)	
I hereby certify that the attached document(s) referenced below is/are true likeness of the holder.	e a true copy of the original, and if applicable, the original photograph is a
Proof of identity	Proof of residential address
Type of document	Type of document
Reference Number	
Signed (by the certifier)	
	Date DDMMYYYY
Full name (in block capitals)	
Position/Job title	
I am signing in the capacity of (please tick one of the below)	
Accepted Zurich certifier	Lawyer/Advocate
Accountant	Notary Public
Authorised employee of a regulated introducer	Regulated Introducer*
Commissioner of Oaths (n/a South Africa)	Registrar or other civil or public servant
Director or Manager of an acceptable credit/financial institution*	Serving police officers*
Embassy Official (from the country the ID document was issued)	*must be located in Equivalent Jurisdiction
Formally appointed member of the Judiciary	
Details of the certifier's regulatory/professional body and reference n	umber

If you are part of a professional body, please enter the website address

Organisation name and address

Telephone number

Organisation stamp

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.

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