

# Document certification form

To Zurich International Life Limited

In respect of (client name)

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I hereby certify that the attached document(s) referenced below is/are a true copy of the original, and if applicable, the original photograph is a true likeness of the holder.

Proof of identity

Proof of residential address

Type of document

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Type of document

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Reference Number

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Signed (by the certifier)

Date

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Full name (in block capitals)

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Position/Job title

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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

Please refer to the Anti-money laundering Guide for further information and details on these certifiers.

Details of the certifier's regulatory/professional body and reference number

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

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Organisation name and address

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Telephone number

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Organisation stamp

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ZIL10160 (133975016) (06/24) ff

