

Please ensure that questions are answered fully and accurately. Thank you for assisting CG United to comply with the law. Please use block capitals and select as applicable.

SECTION 1 IDENTIFICATION DETAILS

Registered Name: _____

Trading Name (if applicable): _____

Date of Incorporation: _____ Place of Incorporation: _____

Company Registration Number: _____

Type of Business Entity: Company Partnership Sole Proprietorship Charitable Entity
 Other (please specify) _____

SECTION 2 CONTACT DETAILS

Registered Address: _____

Country: _____ Telephone Number(s): (____) _____ (____) _____

Fax: _____ Email: _____

Mailing Address: _____

SECTION 3 SOURCE OF FUNDS AND SIGNATURE

Origin of Money Paid to Policy: _____

Signatory Name (Please print) _____

Signature _____ Date _____

SECTION 4 ADDITIONAL INFORMATION TO BE PROVIDED

- Certificate and Articles of Incorporation/Continuance (where applicable),
- Certificate of Registration of the entity
- Information on the identity of the Directors, Beneficial owners, Substantial shareholders, Trustees (where applicable) inclusive of valid Government issued identification
- Information on the identity of authorized signatories inclusive of valid Government issued identification*
- Registered and Mailing Address
- Proof of Address in the form of a utility bill
- Details on any affiliation to Government officials, Military officials or any person who provides an important public function/s for the state
- Information should include a) persons full name, b) date of birth, c) marital status, d) nationality, e) country of residence, f) place of birth, g) contact details
- Proof of address

SECTION 5 FOR OFFICIAL USE ONLY

Policy No.(s): _____ Renewal Date: _____

Originals Verified Certified Copies Received Reviewed by:

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____