



THE DEMERARA FIRE & GENERAL INSURANCE COMPANY LIMITED
 61-62 Avenue of the Republic & Robb Streets, Georgetown
 Tel No. 225-8991-3 ext 234 or 254

CUSTOMER VERIFICATION FORM – COMPANY

IDENTIFICATION DETAILS

Registered name of organization:

Registered address:

Company Registration Number: Tax Identification Number (TIN).....

Date of Incorporation Place of Incorporation:

Nature of Business (Describe Fully):

Type of Business entity:

Company Sole proprietor Partnership Co-operative Non-Profit Other (Please specify)

Documents to accompany form: *We assure you that the information provided will be kept in the strictest confidence, except as mandated by law, as in the case with all customer data:*

- Certified Copy of the Certificate of Incorporation, Continuance and/or Certificate of Registration of the Business.
- Information of the Identity of Directors, Officers, Substantial Shareholders and Trustees along with Certified Copies of their Valid Government Issued Identification.
- In the case of Sole Trader, Certified Copy of Government Issued Identification and Proof of address of the proprietor.
- Information on the identity of authorized signatories along with their valid Government issued identification.
- The Registered and Mailing address of the Company.
- Proof of Address in the form of a utility bill issued within the last three (3) months.

Please indicate any affiliation with Government / Military / State Officials (Political Party Included):

CONTACT DETAILS

Business Address:

Mailing Address (If different from above):

Contact Number: Work Fax

Email Address..... Website:

SOURCE OF FUNDS

Vehicle / Property was acquired with funds from:

Origin of the money paid to the policy is:

Expected level of activity (Average annual sum expected to be paid on the policy):

I do hereby declare that the above answers are true and any misrepresentation whatsoever can render the insurance of no effect.

Date Customer Signature Authorised Official's Signature

FOR OFFICE USE ONLY

Policy Number	Reason for Declinature
Branch/Agent/Broker.....	Transaction taken by:.....
Type of Transaction: Motor <input type="checkbox"/> Property <input type="checkbox"/>	Name:
Sum Insured.....Annual Premium.....	Position:
Currency:.....	Signature
Transaction Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:.....