



**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 – INDIVIDUAL**

**IDENTIFICATION DETAILS**

Full Name .....

Title: Mr.  Mrs.  Ms.  Miss.  Other: ..... Date of Birth ...../...../.....

Place of Birth: ..... Nationality: .....

Marital Status: Single  Married  Divorced  Common Law  Widow(er)

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

State Beneficiary Name, Address & Relation to customer:

.....

Tax Identification Number (TIN).....

Proof of identity: Please tick  the two (2) forms of identification that will accompany this form and supply id numbers.

National Identification Number .....  Passport Number .....

Driver's License Number .....  Other (Please Specify): .....

**CONTACT DETAILS**

Home Address:

.....

Mailing Address (If different from above):

.....

Contact Number: Home ..... Work ..... Cell .....

Email Address .....

Proof of address (No older than 3 months): Utility Bill  Bank Statement  Other  .....

**EMPLOYMENT DETAILS**

Occupation / Principal Business Activity: .....

Employer Name / Business Name: .....

Employer / Business Address: .....

**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:.....