

## INTRODUCTION

Nordben Life and Pension Insurance Co. Limited offers a range of products and services to corporate clients.

In order for us to provide such products and services in a timely and efficient manner we require all prospective corporate clients to supply certain information.

We need to gather and verify the requested information before we can confirm, or otherwise, that we can:

- a) provide a quotation;
- b) accept a product application form;
- c) enter into a contractual agreement.

The questions set out in this document are designed to make it easy for the information to be supplied.

Please write clearly and in English using block capitals.

This document should be stapled, together with any accompanying documents, and should be sent by post to Nordben at the address given on the last page. Facsimile copies or photocopies cannot be accepted.

If further guidance is required, you should contact either Nordben or the person advising your company.

## A. PRODUCTS AND SERVICES

<b>Select which of our products and services are of interest to your company:</b>			
International, Expatriate or TCN Pension Plans			<input type="checkbox"/>
Group Life & Disability Plans			<input type="checkbox"/>
Annuity Plans			<input type="checkbox"/>
Individual Insurance Products			<input type="checkbox"/>
Trust Services			<input type="checkbox"/>
Other - Please give details			<input type="checkbox"/>
<hr/>			
<b>Introducer:</b>			
Who introduced you to our Company?			
SPP <input type="checkbox"/>	Mandatum <input type="checkbox"/>	Storebrand <input type="checkbox"/>	Varma <input type="checkbox"/>
Other <input type="checkbox"/> Please give details:	An Insurope or IGP Company <input type="checkbox"/> Please give details:		
<hr/>			

## B. COMPANY DETAILS

NORDBEN  
USE ONLY

Registered company name:	
Company identification number:	
Registered address:	
Post code: _____	
Details of principal place of business: _____	
Address (if different from above): _____	
Post code: _____	

### C.1 COMPANY PARTICULARS (Listed companies)

<b>If the company is listed on a recognised stock market, please supply the following information:</b>	
Details of stock market listings: (on which stock market is the company listed – please supply relevant details of the type of listing):	
Website address: _____	
Brief description of the company's business activities:	

### C.2 COMPANY PARTICULARS (Privately owned but well known companies)

<b>If the company is not listed on a recognised stock market, but is well known, please supply the following information:</b>	
Website address: _____	

**C.2 COMPANY PARTICULARS (Continued)**

NORDBEN  
USE ONLY

Details of beneficial ownership of the company: (e.g. family, foundation, etc.)

---



---



---

Brief description of the company's business activities:

---



---



---

**D. COMPANY PARTICULARS (Companies outside C.1 and C.2)**

**If the company is not a company listed on a recognised stock market or a well known private company, please supply the following further information:**

Nordben is required under Guernsey Anti-Money Laundering Legislation, to gather and keep records of information which confirms the identity of a company with which we have a business relationship, and which also confirms the source of the funds being paid to Nordben.

The questions set out in this document are designed to make it easy for you to supply us with the necessary details to comply with current legislation.

The additional information you are required to supply is indicated throughout the various sections. Where applicable, all supporting documentation listed should be certified by a Suitable Certifier. Details of persons who are qualified to act as a Suitable Certifier are shown after section H of this document).

Jurisdiction of incorporation: \_\_\_\_\_

Date of incorporation: (dd/mm/yyyy) \_\_\_\_\_

Certificate of incorporation of similar: (attach an independently certified copy) \_\_\_\_\_

Audited statements: (attach a copy of the latest available) \_\_\_\_\_

Names and addresses of all shareholders owning more than 25%: (if applicable)

Name: \_\_\_\_\_ Shareholding % \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Name: \_\_\_\_\_ Shareholding % \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

**D. COMPANY PARTICULARS (Continued)**

NORDBEN  
USE ONLY

Name: _____	Shareholding % _____
Address: _____	
_____	
_____	
_____	
Post code: _____	

Note: If any of the shareholders is an individual person, please provide the verification details as requested below for a Director.

Political activities: (State the names of any shareholder who has had any significant association in the last five years with a politically connected person, e.g. Head of State or senior politician)

Name: _____	Political connection: _____
Name: _____	Political connection: _____
Name: _____	Political connection: _____

Names and residential addresses of Directors:

Surname: _____	Full forenames: _____
Address: _____	
_____	
_____	
_____	
_____	
Post code: _____	

Passport or National Identity Card number (attach a certified copy):

Surname: _____	Full forenames: _____
Address: _____	
_____	
_____	
_____	
_____	
Post code: _____	

Passport or National Identity Card number (attach a certified copy):

**D. COMPANY PARTICULARS (Continued)**

**NORDBEN  
USE ONLY**

Surname: _____	Full forenames: _____
Address: _____ _____ _____ _____	
Post code: _____	
Passport or National Identity Card number (attach a certified copy): _____	
In the case that there are more than five directors, please supply the same details as above on a supplementary sheet.	
Political activities: (State the names of any director who has had any significant association with a politically connected person, e.g. Head of State or senior politician)	
Name: _____	Political connection: _____
Name: _____	Political connection: _____
Name: _____	Political connection: _____
Name: _____	Political connection: _____
List the company's main business activities: _____ _____ _____ _____ _____	
Give full details of corporate structure and beneficial ownership: _____ _____ _____	
Details of the bank account which will be used to transfer the premium payments to Nordben:	
Full name of bank: _____	Contact person: _____
Address: _____	
_____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____
Post code: _____	



**G. DECLARATION (The declaration should be signed by two authorised signatories of the company)**

NORDBEN  
USE ONLY

We the undersigned, as authorised signatories of the company stated in section A, declare that the answers given on this document are true to the best of our knowledge and belief and that we will provide further information if required.

We agree that any personal data provided may be used to process an application for business.

We understand and agree that Nordben may provide the personal data, by electronic or other means to:

- relevant Nordben staff in order to process the application
- a third party in order to verify the company in line with Guernsey Anti-Money Laundering Legislation

Name of authorised person: _____	Position within company: _____
Signature: _____	Date: (dd/mm/yyyy) _____
Name of authorised person: _____	Position within company: _____
Signature: _____	Date: (dd/mm/yyyy) _____

**H. CHECKLIST OF ADDITIONAL DOCUMENTS SUPPLIED**

Please ensure that the relevant sections of this form have been completed and use this checklist to confirm which additional documents have been supplied.

Latest Corporate Brochure	<input type="checkbox"/>
All other companies	
Certified copy of Certificate of Incorporation (or similar)	<input type="checkbox"/>
Latest available Audited Statements	<input type="checkbox"/>
Certified copy of Directors' passports (or National Identity card)	<input type="checkbox"/>
Original utility bill or bank statement verifying Directors' addresses	<input type="checkbox"/>
Certified Authorised signatory list	<input type="checkbox"/>

**WHO CAN ACT AS A SUITABLE CERTIFIER?**

Where copies of original documents are provided as part of the original information, such copies must be certified as a true copy. Persons qualified to act as a suitable certifier are as follows:

- The employer of an individual person
- An embassy, consulate or high commission of the country of issue for the documentary evidence of identity
- A lawyer or notary public
- A member of the judiciary or senior civil servant
- A serving police or customs officer
- A bank manager or officer

**FOR NORDBEN USE ONLY**

<b>Approver section</b>			
1 <sup>st</sup> Reviewer:	_____	Date: (dd/mm/yyyy)	_____
2 <sup>nd</sup> Reviewer:	_____	Date: (dd/mm/yyyy)	_____
Comments for CO: _____ _____ _____			
<b>CO section</b>			
Due diligence complete:	Yes <input type="checkbox"/> No <input type="checkbox"/>	RR: _____	Client number: _____
CO comments: _____ _____ _____			
CO signature:	_____	Date: (dd/mm/yyyy)	_____

**Nordben Life and Pension Insurance Co. Limited**  
Harbour House, South Esplanade, St Peter Port, Guernsey, GY1 1AP, Channel Islands  
Telephone: +44 (0)1481 702900 Facsimile: +44 (0)1481 710719  
E-mail: info@nordben.com Website: www.nordben.com