



LIFE INSURANCE
ARCHIPELAGO ENDOWMENT SIGMA SERIES 37
 CLOSE-ENDED | 24-MONTHS ENDOWMENT | 8% FIXED COUPON AT MATURITY
PROPOSAL FORM - INDIVIDUAL & NON-INDIVIDUAL

SCAN ME FOR BROCHURE

Archipelago Life Insurance Limited (A Life Insurer Licensed by Labuan FSA)
 Co. No. LL09829 | Licence No. IS2013141



Archipelago™
 Life Insurance Limited

INSTRUCTIONS

1. You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, or the policy issued may be void.
2. Please complete the form in CAPITAL LETTERS. All fields are mandatory. Use blue/black ink only.
3. Please indicate all options selected with an [X].
4. Please ensure all information provided is accurate.
5. Please initial any amendments made.
6. Please state N/A or strikethrough where the Section/Parts are irrelevant to applicant.
7. Please submit completed application form together with the required documents in the checklist below to: customerservice@archipelagogr.com or fax by 12.00PM on Wednesday 31st January 2024.
8. The Administrator will only process this application when all required documents are received. Archipelago Life Insurance Limited ("Insurer") reserves the right to reject any application which is deemed incomplete.
9. The e-submission of this proposal form must be from the licensed Intermediaries and authorised by Archipelago Life Insurance Limited or the Direct Client to our official email at customerservice@archipelagogr.com.

DOCUMENT CHECKLIST

- Completed Endowment Application Form
- For Individual: certified true copy of Photocopy NRIC or Valid Passport
- For Non-Individual – certified true copy of Memorandum & Articles, Form 24 & 49, Company Registration Certificates, or equivalent forms
- For Entity – certified true copy of Board of Directors' Resolution / Mandate
- Proof of Telegraphic Transfer (TT) into the Archipelago Life Insurance Limited's bank account.
- Certified true copy of Life Assured's NRIC or Valid Passport (If different from Policy Owner)
- KYC & Compliance Information Form
- Foreign Account Tax Compliance Act (FATCA) Individual/Corporate (Policy Owner)

A. DETAILS OF LIFE ASSURED

Salutation : Mr / Mrs / Miss / Tan Sri / Dato' / Dr. / Ir. / (Others, pls state) :			
Full Name (As per NRIC/Passport) :			
Date of Birth : DD/MM/YYYY	Nationality :	Religion :	
NRIC / Passport No :		Country of Passport Issued :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Height : cm	Weight : kg OR lbs	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow			
Permanent Address :			
			Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/>)			
			Postal Code :
Telephone No :	Fax No :	Email : COMPULSORY	
Occupation :	Company Name :		
Nature of Business :			

A. DETAILS OF LIFE ASSURED (continued)

1. Are you in good health now?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please specify:
2. Any intention to take part in an aerial flight other than as a fare-paying passenger with a commercial airline?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
3. Do you engage or intend to engage in any business, sport or occupation of a hazardous nature?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
4. Are you expecting to undergo any surgical operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
5. Have you ever made an application for a life/family, disability or dread disease assurance/ Takaful to this or any other company which has been declined, postponed, withdrawn, is still considered or being accepted with an extra premium or on special terms?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
6. Are you making or have you made any claims on any policies with any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
7. Have you EVER		
a. had or been advised to have any diagnostic test, EVER been hospitalised or undergone any surgical operation or observation or treatment or been advised to seek any medical or surgical consultation or follow up?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
b. had or been told you had or been treated for or currently have respiratory disease, high blood pressure, chest pain, heart disease, blood/blood vessel disease, ulcer or bowel disease, liver/gall bladder disease, renal stones or any disorder of the genito-urinary system, epilepsy, mental/nervous disorder, diabetes, cancer, AIDS, tumour or any other disease/disorder/severe injury not mentioned above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
8. For Female Life Assured only,		
a. Are you pregnant now?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many months:
b. Do you suffer from a hypertension or diabetes or has there been any complications related to your pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
9. Do you smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please state number of sticks smoked per day:
10. Have either of your natural parents or any siblings ever suffered or died from blood disease, liver disease, heart or kidney disease, stroke, diabetes, hypertension, mental disorder, tuberculosis, cancer, hemophilia, AIDS, or AIDS related complex, multiple sclerosis, Huntington's disease, polycystic kidney disease, polyposis of the colon or any other hereditary disorder?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:

B. DETAILS OF POLICY OWNER (If Different from Life Assured)

Salutation : Mr / Mrs / Miss / Tan Sri / Dato' / Dr. / Ir. / (Others, pls state) :		
Full Name (As per NRIC/Passport) :		
Date of Birth : DD/MM/YYYY	Nationality :	Religion :
NRIC / Passport No :	Country of Passport Issued :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow		
Permanent Address :		
		Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/>)		
		Postal Code :
Telephone / Mobile No :	Fax No :	Email COMPULSORY
Relationship to Life Assured:		

CONTINGENT OWNER

Full Name :

Relationship to Policy Owner :

NRIC/ Passport No. :

C. DETAILS OF POLICY OWNER (NON-INDIVIDUAL)

Type of Business Entity :

 Sdn. Bhd / Pte. Ltd Others

Entity Name :

Entity Registration No :

Business Address :

Postal Code :

Correspondence Address : (If same as above, tick here)

Postal Code :

Telephone No :

Fax No :

Email :

COMPULSORY

Authorised Contact Person :

Nature of Business :

D. BANK ACCOUNT DETAILS

- The Bank Account Details of the Policy Owner are needed for the crediting of maturity proceeds.
- The onus is therefore on the Policy Owner to inform Archipelago Life Insurance Limited of any changes to the Bank Account details during the tenure of the Endowment. It must be forwarded in writing to Archipelago Life Insurance Limited, together with proof thereof.
- Payments will only be made to the bank account in the name of the Policy Owner only.
- No payments shall be made into third-party accounts, including credit cards and market-linked accounts.
- The Policy Owner represents and warrants that it is fully authorized and entitled to receive the maturity proceeds or any proceeds payment or claim payments in connection with the Policy and that in so doing it is not in violation of the terms or conditions of any contract or other agreement to which it may be a party.
- The Policy Owner shall bear all taxes payable by it in connection with the Policy, if any.
 - In the event the Policy Owner is required by law to make any additional deduction or withholding on maturity proceeds or any proceeds payments or claims payments from Archipelago Life Insurance Limited in respect of any Tax or otherwise, the sum payable by Archipelago Life Insurance Limited in respect of which the deduction or withholding is required shall be reduced so that the net maturity proceeds or any proceeds payments or claim payments by Archipelago Life Insurance Limited is equal to that which Archipelago Life Insurance Limited would otherwise have paid had no deduction or withholding been required or made.
 - In the event Archipelago Life Insurance Limited is required by law to calculate and collect from the Policy Owner any amount paid or payable under this Terms & Conditions on account of any Tax , such amount as calculated by Archipelago Life Insurance Limited, shall be paid by the Policy Owner as additional to and without any deduction or set-off from the fees/ charges payable under this Policy to Archipelago Life Insurance Limited.
 - For the purpose of the above clause, "Tax" is defined as any present or future, Malaysian or foreign tax, levy, impost, duty, charge, fee, deduction or withholding of any nature, and any interest or penalties in respect thereof.
- The Policy Owner will use commercially reasonable efforts to ensure that no funds used to pay the Policy/subscription under the Policy documents are derived from any unlawful activity with the result that the making of the Policy purchase/subscription would be in violation of laws.
- Notwithstanding anything contained herein, Archipelago Life Insurance Limited may in its absolute discretion without any prior notice (whether in writing or otherwise) amend or vary the Terms & Conditions at any time or from time to time and/or impose additional clauses which shall bind the Policy Owner as if the amendments and additional clauses have been originally set out in these Terms & Conditions.

Name of Account Holder :

Name of Bank :

Location of Branch :

Account No :

SWIFT / IBAN Code :

Currency of Bank Account :

I / We understand that under the requirements of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 and FATF 40 Recommendations Guidelines, Archipelago Life Insurance Limited's policy requires it to be satisfied as to the source of funds before accepting the funds for purchasing of life insurance product(s).

Full Name	Relationships to Life Assured	NRIC / Passport No.	Shares of benefits %
TOTAL			100%

- If there are additional beneficiaries, please attach the above information on a separate Beneficiary Nomination Form.
- Please ensure the total percentages nominated are equal to 100%.

Appointment of Trustee

- The policy owner may appoint an Individual or Corporate Trustee for the policy monies.
- Where no Trustee is appointed, the nominee who is competent to contract, or where the nominee is incompetent to contract, the parent of the incompetent nominee and where there is no surviving parent, the Public Trustee shall be the trustee of the policy monies.

Name of Trustee	Individual OR Corporate	NRIC / Passport No. / Company Registration No.

H. PERSONAL DATA PROTECTION ACT 2010

1. Archipelago Life Insurance Limited ("Insurer") undertakes that all personal data acquired from the Insurer from the application date shall only be used strictly for the purposes of this Endowment Policy.
2. Any information and data provided by the policy owner to the Insurer and by the Insurer to the policy owner and used by the Insurer directly or indirectly in the context of this Insurance Policy shall be governed by the provisions in the Personal Data Protection Act 2010 (herein referred to as 'the Act').
3. The Insurer will use any personal data to process your claims, administer your plan, service our relationship with you, provide you with products and services and evaluate their effectiveness, provide you with better customer service and for statistical analysis.
4. The policy owner consents to the processing of the personal data provided to the Insurer and to the transfer of such personal data to other entities for the purposes of performance of the contract. Such personal data shall be governed by the personal data protection laws of that country.
5. The policy owner is responsible to ensure that all data provided to the Insurer are accurate at all times and is obliged to inform the Insurer of any changes. You may request for access to, correction, or deletion of your personal information or limit the processing thereof at any time hereafter.
6. Your information may also be used for fraud prevention and audit purposes. If you give us false or inaccurate information and we suspect fraud, we will record this. We may pass such information to the law enforcement or other legal agencies, government or judicial bodies, or to regulators.
7. We may, from time to time, provide you with marketing information about Archipelago Life Insurance Limited, our products and services and those associated companies which may be of interest to you. If you do not want us to use your details in this way, please tick the box
Please initial here: _____

I. DECLARATION AND AUTHORISATIONS

I / We understand and agree to be bound by the provisions of this application form :

1. I / We hereby propose to Archipelago Life Insurance Limited for the subscription to the Close-Ended, Single Premium, 24-month endowment, 8% fixed coupon at maturity.
2. I / We acknowledge and am / are aware that this is a non-deposit product.
3. I / We understand and agree that this proposal, together with the policy summary and terms and conditions that will be issued to me/ us once Archipelago Life Insurance Limited has accepted my/our proposal, and any other related documents provided by me/ us and accepted by Archipelago Life Insurance Limited will govern the legal relationship between Archipelago Life Insurance Limited and me / us.

4. I / We confirm that all information provided in this proposal form and all other documents signed by me / us in connection with this proposal, whether in handwriting or not, is true and correct.
5. I / We are responsible for the accuracy and completeness of all answers or other information provided by me/ us.
6. I / We are acting for my/ our own account. I / We have considered the suitability of this product and made my/ our own independent decision to enter into this endowment plan. I / We understand that information, opinions and any communication from Archipelago Life Insurance Limited, whether written, oral or implied, are expressed in good faith and not intended as advice or recommendation to enter into this product.
7. I / We should seek independent legal and/ or financial advice regarding this Endowment Plan if I/ we deem it necessary.
8. I / We understand that Archipelago Life Insurance Limited will accept instructions by facsimile, e-mail or other electronic means from my/ our Financial Advisor/Insurance Broker only if duly appointed and authorised in writing by me. Archipelago Life Insurance Limited will not be held liable for any losses that may result from unauthorised instructions given by my/our Financial Advisor/ Insurance Broker.
9. I / We acknowledge that I am / We are aware that the Endowment Plan is subjected to a 15-day cooling off period, starting from the date of receipt of policy.
10. I / We agree that Archipelago Life Insurance Limited shall pay to my/our beneficiary(s) upon my death in accordance with my beneficiary nominations in this application form, and I / We authorise Archipelago Life Insurance Limited to do so.
11. I / We consent Archipelago Life Insurance Limited to make enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and obtaining any other information concerning me/us from any source whatsoever to enable Archipelago Life Insurance Limited to process this application.
12. I / We hereby confirm that I/We have read, understood and agreed to the terms & conditions as stipulated in the Endowment Plan policy contract.
13. I / We fully responsible for the safekeeping of the hardcopies of application forms. Archipelago Life Insurance Limited shall not be liable for any direct, indirect, incidental, special or consequential losses or any punitive damages, or any loss of profit or revenue whether incurred directly or indirectly, or any loss of data, use, goodwill, or other intangible losses, resulting from the loss of the said hardcopies of the application forms.

Signature of Policy Owner/Authorised Signatory(ies) (Compulsory) :	Signature of Life Assured (Compulsory) :
Full Name :	Full Name :
Date :	Date :
Signature of Witness :	Official Stamp :
Full name :	
NRIC No.:	

J. POLICY PACK

The soft copy of the policy pack will be delivered to the authorized Financial Adviser/Policy Owner within 21 business days from the inception date of the Policy, provided that Archipelago Life Insurance Limited received the completed application forms.

K. INTERMEDIARY DETAILS AND DECLARATION

Intermediary Name :			
Intermediary Company Name :			
Email :			
Office No. :		Mobile No. :	
<p>I / We declare that:</p> <ul style="list-style-type: none"> • I / We are Licensed Financial Advisor / Broker under Financial Services Act 2013 or Licensed Insurance Broker under Labuan Finance Services & Securities Act 2010 or any licensed intermediary under any applicable laws in foreign jurisdictions to render services in respect of this product. • I / We have fully explained and disclosed the product details including features, benefits, risks relevant, terms and conditions to my/ our Client. • I / We have established and verified (Customer Due Diligence) the identity of my/ our client(s) in accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 			
Signature of Authorised Intermediary :			

L. CONTACT INFORMATION

Archipelago Life Insurance Limited

Co. No. LL09829 | Licence No. IS2013141

Registered Office Address:

Brumby Centre, Lot 42, Jalan Muhibbah, 87000 Labuan Federal Territories, Malaysia.

Co-located Office:

B-08-06, Gateway Corporate Suites, Gateway Kiaramas, No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia.

Telephone : +6 (03) 6201 0899

Fax : +6 (03) 6201 0481

Email : customerservice@archipelagogr.com

URL : www.archipelagogr.com

M. FOR OFFICE USE ONLY

Date Received :	DD / MM / YYYY		
Complete Documentation :	NAME	DD / MM / YYYY	
AML A Check :	NAME	DD / MM / YYYY	
Accepting Officer :	NAME	DD / MM / YYYY	SIGNATURE
System Input :	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	
Input Staff Name :			
Policy Number :			
Date of Issue :	DD / MM / YYYY		
Date Dispatched / Couriered :	DD / MM / YYYY		

CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



IMPORTANT NOTES

1. This form is meant to enable a Client to comply with the client identification programmed laid down by the **Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001**, herein referred to as Know Your Client (KYC) requirements.
2. This form is only meant for providing information and documents required for KYC compliance.

PART 1 – INFORMATION ABOUT CLIENTS, BENEFICIAL OWNERS AND POLITICALLY EXPOSED PERSONS

Part 1: Section A – Information of Client (Individual or Company)

FOR INDIVIDUAL

Full Name (including any alias)		
Gender (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Identification (NRIC/ Passport) No.		Date of Birth
Residential Address		Nationality
		Postcode
		Country
Occupation Type		
Name of Employer/ Nature of Business (if self-employed)		
Contact No. (include country/ area codes)		
Email Address		
Purpose of Transaction		

FOR COMPANY (LEGAL PERSON/ LEGAL ARRANGEMENT)

Company/ Business Name		
Registration No.		
Company/ Business Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Public Company	<input type="checkbox"/> Private Ltd. Company <input type="checkbox"/> Trust <input type="checkbox"/> Club/ Society/ Charity <input type="checkbox"/> Other:
Registered Office Address		Postcode
		Country
Address of Place of Business (if different)		Postcode
		Country
Country of Registration/ Incorporation		
Date of Registration/ Incorporation		
Principal/ Nature of Business		
Contact No. (include country/ area codes)		
Contact Email Address		
Company Website Address		
Purpose of Transaction		
Name of Director(s)/ Partner(s)/ Trustee(s)	1.	4.
	2.	5.
	3.	6.

CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



FOR COMPANY – Information of Person(s) with Executive Authority i.e. CEO/COO/CFO, excluding Director(s) registered with relevant authority i.e. listed in Register of Director. If not applicable, please tick (√) the box.

(To provide annex if the space is insufficient)

	(1)	(2)
Full Name (as per official document)		
Identification (NRIC/Passport) No.		
Place and Date of Issue		
Place of Birth		
Residential Address		
	Postcode: Country:	Postcode: Country:
Current Nationality		
Occupation		
Contact No. (include country/ area codes)		

Part 1: Section B – Information of Client's Beneficial Owner(s)/ Shareholder(s)

The purpose of obtaining beneficial owner's information is to:

- (a) Identify the natural persons (whether acting alone or together) who ultimately own all the assets or undertakings of the client;
- (b) If there is doubt as to whether the natural persons who ultimately own all the assets and undertakings of the client are the beneficial owners or where no natural persons ultimately own all the assets or undertakings of the client, to then identify the natural persons (if any) who ultimately control the business entity or have ultimate effective control over the client; and
- (c) Where no natural persons are identified above, to identify the natural persons having executive authority in the client, or in equivalent or similar positions.

FOR COMPANY – Information of Beneficial Owner(s)/ Shareholder(s). Please note that a Director may not necessary the Beneficial Owner/ Shareholder of the company.

(To provide annex if the space is insufficient)

FOR LEGAL PERSON (if applicable):

	(1)	(2)
Full Name of Legal Person Shareholder		
Legal Person Registration No.		
Country of Incorporation		
Business Address		
	Postcode: Country:	Postcode: Country:
Type of Shares		
Shares Holdings Percentage		
Type of Ownership/ Country/ Relationship		

CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



(To provide annex if the space is insufficient)

FOR LEGAL ARRANGEMENT/ TRUST (if applicable):

	(1)	(2)
Full Name of Settlor		
Full Name of Trustee(s)		
Full Name of Protector (if any)		
Full Name of Beneficiary/ Class of Beneficiary		
Legal Arrangement Registration No.		
Country of Incorporation		
Business Address		
	Postcode: Country:	Postcode: Country:
Relationship with Trust		
Other Information		

(To provide annex if the space is insufficient)

FOR NATURAL PERSON:

	(1)	(2)
Full Name of Beneficial Owner		
Identification (NRIC/Passport) No.		
Residential Address		
	Postcode: Country:	Postcode: Country:
Date of Birth		
Nationality		
Contact No. (include country/area codes)		
Email Address		
Information of nature of Beneficial Ownership and ownership and control structure of the company	Type of shares:	Type of shares:
	Percentage:	Percentage:

CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



Part 1: Section C – Information of Politically Exposed Persons, their Immediate Family Members and Close Associates

1. Are any of the persons listed above a politically exposed person (PEP), that is, a person who is or has been entrusted with any prominent public function in Malaysia, a country or territory outside Malaysia, or by an international organisation at present ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any of the persons listed above a politically exposed person, that is, a person who is or has been entrusted with any prominent public function in Malaysia, a country or territory outside Malaysia, or by an international organisation who has stepped down from his prominent public function?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any of the persons listed above an immediate family member or a close associate of a politically exposed person or a politically exposed person who has stepped down?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: *If any of this Section C above is “Yes”, please proceed to fill in the PEP form (Part 2 below) for each politically exposed person, immediate family member or close associate identified.*

Part 1: Section D - Required Document for Verification

1. Certified True Copy of Identity Card/ Passport of Individual Client and/or each Company's/ Organisation's Director(s)/ Partner(s)/ Trustee(s)/ Beneficial Owner(s)/ CEO/ COO/ CFO, where applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Certified True Copy of Company/ Organisation Incorporation Certificate and License, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Certified True Copy of Company/ Organisation Register of Director(s)/ Partner(s)/ Trustee(s) or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Certified True Copy of Company/ Organisation Register of Member(s)/ Shareholder(s) or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certified True Copy of Company/ Organisation Memorandum, Article of Association or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Company/ Organisation Profile, if available	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2 – SECTION FOR POLITICALLY EXPOSED PERSONS (“PEP”)

Information about Political Exposed Person (PEP), their Immediate Family Members and Close Associates.

(To provide annex if the space is insufficient)

Name of PEP	
Describe nature of prominent public function that the person is or has been entrusted with (for example, as a domestic PEP, a foreign PEP, or a PEP of an international organisation)	
Period of time in which the person is/was a PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	
Name of person who is an immediate family member of a PEP	
Describe nature of the person's relationship with the PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	

CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



Name of person who is a close associate of a PEP	
Describe nature of the person's relationship with the PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	

CLIENT'S DECLARATION

I/ We declare that the information provided in this form is true and correct. I am/ We are aware that I/ we may be subject to prosecution and criminal sanctions under written law if I am/we are found to have made any false statement which I/ we know to be false or which I/we do not believe to be true, or if I/ we have intentionally suppressed any material fact. All information given here is correct and complete, and I/ we authorise Archipelago Group of Insurance Companies, comprising Archipelago Insurance Limited and Archipelago Life Insurance Limited, to verify the same and obtain information from any financial institution, the Director General of Inland Revenue, credit information or credit references providers and any other sources.

Name of Client/ Company Name		
Identification (NRIC/ Passport)/ Company Registration No.		
Signature/ Authorised Signatory(ies)		Company Stamp If applicable
Company Authorised Signatory Name		
Position/ Designation of Company Authorised Signatory		
Date		

ENHANCED CUSTOMER DUE DILIGENCE FORM

(Special Declaration Form)

(To be filled by the Client)

I, _____ (Identity Card No. or Passport No. _____) hereby declare that the following information provided below are true and correct to the best of my knowledge:

a) Source of Wealth (describe & identify/ support with details e.g.: corporate registration number):

b) Source of Fund (describe & identify/ support with details e.g.: dividend declaration memo etc):

Client Signature : _____
Name (as per Identity Card or Passport) : _____
Contact No. : _____
Date : _____

For Office Use Only - To be approved by Senior Management

Approval for Accepting of Client	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Justification		
Name of Approving Officer		
Position/ Designation		
Date		
Signature		

Date : _____
Bank Name : _____
Address : _____
Branch : _____

**Please submit this together
with your TT application
form to the bank**

Instructions to Bank :
1. Bank Charges : OUROUR
2. Do not convert to MYR
3. Beneficiary to receive
full amount

Dear Sir / Madam,

RE : Bank Charges Instruction : OUROUR –Endowment-Insurance Premium Subscription

I, _____ NRIC / Passport No. _____
wish to do a telegraphic-transfer (TT) of amount _____
to Archipelago Life Insurance Limited. The recipient account details are as follows:

Bank Details for Archipelago Life Insurance Limited – SGD Account	
Beneficiary	Archipelago Life Insurance Limited – (Non-Resident Account)
Beneficiary Address	B-08-06, Gateway Corporate Suites, Gateway Kiaramas, No. 1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur. <u>Registered Address</u> Brumby Centre, Lot 42, Jalan Muhibbah, 87000 Labuan FT, Malaysia.
SGD Account Number	1419 4101 0004 222
Banker	Alliance Bank Malaysia Berhad
Bank Address	Unit A-OG-02, Block A, Plaza Mont' Kiara, 2 Jalan Kiara, Mont' Kiara, 50480 Kuala Lumpur
Swift Code	MFBBMYKLXXX

I will bear ALL of the **related telegraphic-transfer charges for this transaction inclusive of correspondent agent's bank charges.**

Archipelago Life Insurance Limited will receive the net amount of _____

Thank you.

Yours sincerely,

Name : _____

NRIC / Passport : _____