



AIA SINGAPORE

New Business Enhanced Due Diligence Form

This form is ONLY applicable to Life plan (Not required for Accident & Health plan)

Particulars of Insured and Policy Owner

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner/Business Entity

NRIC/Passport/FIN/

Company Registration No. (UEN No.)

Policy Numbers

Important Note:

It is compulsory to complete the following section and to provide the requested documents, in compliance with MAS Notice 314 - Prevention of Money Laundering and Countering the Financing of Terrorism.

Section 1: Individual Policyholder's Beneficial Owner

Please complete this section if the Beneficial Owner's question is answered as 'Yes' on the Life Application Form.

1. Is there a beneficial ownership arrangement? Yes No

Please provide their particulars below AND submit a copy of their NRIC/Passport/ FIN that contain a clear photograph.

In relation to customers, "Beneficial Owner" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established.*

Please note that this is **NOT** a nomination of beneficiary(ies) under the policy.

If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

Name 1 (shown on NRIC/FIN/Passport)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Citizenship (if not Singaporean)

Relationship to the Policyholder

Name 2 (shown on NRIC/FIN/Passport)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Citizenship (if not Singaporean)

Relationship to the Policyholder

Name 3 (shown on NRIC/FIN/Passport)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Citizenship (if not Singaporean)

Relationship to the Policyholder



U840716

AIA Singapore Private Limited (Reg No. 201106386R)
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246
Monday to Friday: 8.45am – 5.30pm
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

Version 07/2016

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Name 4 (shown on NRIC/FIN/Passport)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Citizenship (if not Singaporean)

Relationship to the Policyholder

Name 5 (shown on NRIC/FIN/Passport)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Citizenship (if not Singaporean)

Relationship to the Policyholder

Section 2: Business Entity Application

This section is compulsory for **ALL** Business Insurance Application.

Please ensure that requested documents are attached and the sections below are duly completed in accordance to company registration to ACRA (Accounting and Corporate Regulatory Authority).

Role in the Business Insurance Application (Business Entity)	Documents Required for Verification Purposes	Please tick
Proposed Insured(s)	<ul style="list-style-type: none"> Copy of the NRIC/Passport/FIN that contain a clear photograph of ALL the Proposed Insured (s), and Company's resolution authorising the purchase of insurance coverage for the proposed insured who is the employee of the company. 	<input type="checkbox"/> <input type="checkbox"/>
Applicant Owner (Business Entity)	<ul style="list-style-type: none"> Business registration information, i.e. ACRA Bizfile or Certificate of Incumbency, or For Clubs/Societies, please provide the Certificate of Incorporation from Registry of Society (ROS) and independent documentary evidence reflecting the list of board members' names (or equivalent), or 	<input type="checkbox"/> <input type="checkbox"/>
Beneficial Owner / Shareholders *		<input type="checkbox"/>
Connected Parties – Directors *	<ul style="list-style-type: none"> For Charities, please provide the Certificate of Incorporation from Commissioner of Charities and independent documentary evidence reflecting the list of board members' and trustees' names (or equivalent). <p><i>*A copy of Business registration information or Certificate of Incumbency of the director / shareholder is needed if the director / shareholder is not a natural person, down to the <u>ultimate</u> individual director / shareholder</i></p>	<input type="checkbox"/>
Connected Parties – Natural Person Having Executive Authority	<ul style="list-style-type: none"> Independent documentary evidence (e.g. company resolution) reflecting the appointment of the natural persons having executive authority. 	<input type="checkbox"/>
Authorised Signatories	<ul style="list-style-type: none"> Copy of the NRIC/Passport/FIN containing a clear photograph of ALL the Authorised Signatories, and Documentary evidence (e.g. list of authorised signatories) authorising the appointment of the authorised signatories, and Specimen signature(s) of the authorised signatories. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Part A: Beneficial Owner/Trustee/Shareholder of the Business Entity

"Beneficial Owner" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.
If the business entity type is Charities, please update the Trustee's information here.

Full Name 1 (including alias and/or former name, if any)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Nationality

Full Name 2 (including alias and/or former name, if any)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Nationality

Full Name 3 (including alias and/or former name, if any)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Nationality

Full Name 4 (including alias and/or former name, if any)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Nationality

Full Name 5 (including alias and/or former name, if any)

Date of Birth (DD/MM/YY)

Gender

 M F

NRIC/FIN/Passport No.

Nationality

Part B: Connected Parties of the Business Entity

“Connected Party” in relation to a company (other than a partnership), means any director and/or any natural person having executive authority in the company; in relation to a partnership, means any partner and/or manager. Examples of natural persons with executive authority in a company include the Chairman and Chief Executive Officer; for partnership will be the partner and/or manager.

(a) Directors of the Business Entity

Full Name 1 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Full Name 2 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Full Name 3 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Full Name 4 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Full Name 5 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

(b) Natural Persons Having Executive Authority of the Business Entity

Full Name 1 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Designation

Full Name 2 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Designation

Full Name 3 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Designation

Full Name 4 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Designation

Full Name 5 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Designation

Part C: Authorised Signatories of the Business Entity

Full Name 1 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Nationality

Residential Address

Full Name 2 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Nationality

Residential Address

Full Name 3 (including alias and/or former name, if any)

Gender

M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Nationality

Residential Address

Full Name 4 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Nationality

Residential Address

Full Name 5 (including alias and/or former name, if any)

Gender

 M F

Date of Birth (DD/MM/YY)

NRIC/FIN/Passport No.

Nationality

Residential Address

Insured and Policy Owner's Declaration and Authorisation

1. I, the Policy Owner(s) and/or Insured(s) each confirm that the responses, information and documents provided pursuant to this form ("Information") are full, complete and true, and I agree that the Information provided forms a part of any policy issued, amended or reinstated. I will provide assistance to address any queries including the provision of sufficient evidence to support the Information as may be requested by AIA Singapore, its representatives or other persons from time to time.
2. I hereby authorise, agree and consent to AIA Singapore using and/or disclosing any information collected and/or held (whether contained in this document or otherwise obtained) to enable AIA Singapore, its agents, affiliates, related corporations and/or independent third parties and their respective employees, within or outside Singapore, with regard to any matters pertaining to the Policy and/or any other policies that I/we currently may have with AIA Singapore, including but not limited to, the processing of this document, and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which AIA Singapore believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby specifically waive any right to bring a claim of any nature against AIA Singapore, its agents, affiliates, related corporations and/or independent third parties and their respective employees, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or this document is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.
3. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

Signature of Insured

Date

Signature of Policy Owner/
Authorised signatories with company stamp.

Date

Insurance Adviser's Declaration and Authorisation

I/We declare that I/we have conducted the necessary due diligence on the Person(s) in accordance with all prevailing guidelines stipulated by AIA Singapore and as may be notified to its Financial Services Consultants from time to time ("Guidelines"), including but not limited to identifying and verifying the identity of such Persons.

Signature of Insurance Adviser

Date

Insurance Adviser's Name

IA's Code

Insurance Adviser Unit Name

Mobile No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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