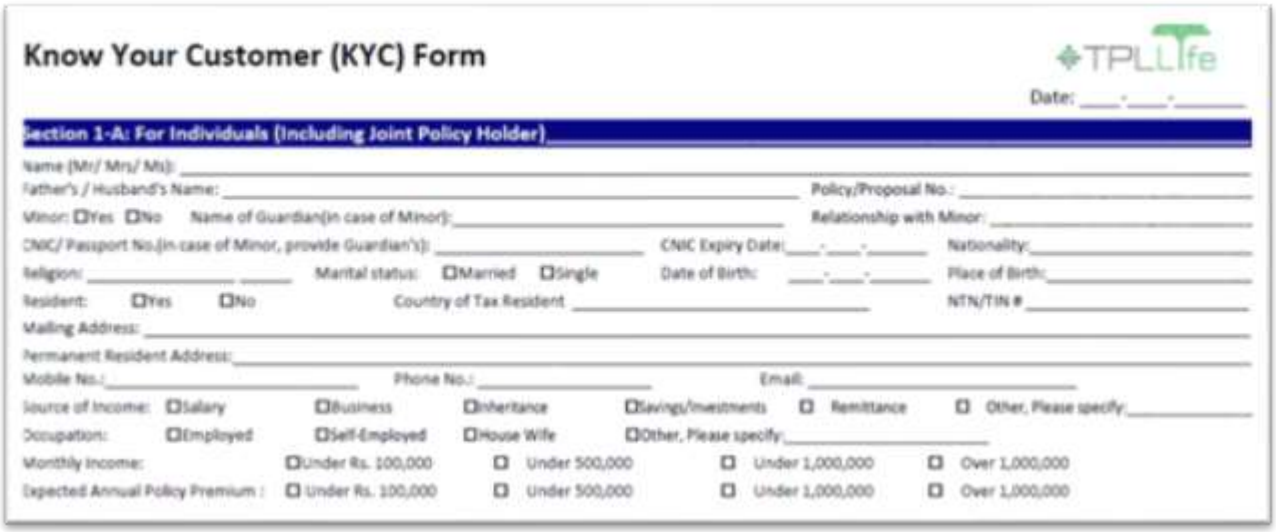
Manual for
KYC Form

Abstract

Below is the manual described for the agent / applicant of how to use and fill the required fields of the KYC form. Each step from start to end is taken as screenshot where every step is thoroughly explained in the manual. The explanation is given with every picture of how you can enter the data of the form, which part is essential and what data is required to enter in the particular field.



Know Your Customer (KYC) Form

Date: ____-____-______

Section 1-A: For Individuals (Including Joint Policy Holder)

Name (Mr/ Mrs/ Ms):

Father's / Husband's Name: Policy/Proposal No.:

Minor: ☐Yes ☐No Name of Guardian(in case of Minor): Relationship with Minor:

CNIC/ Passport No.(in case of Minor, provide Guardian's): CNIC Expiry Date: Nationality:

Religion: Marital status: ☐Married ☐Single Date of Birth: Place of Birth:

Resident: ☐Yes ☐No Country of Tax Resident NTN/TIN #

Mailing Address:

Permanent Resident Address:

Mobile No.: Phone No.: Email:

Source of Income: ☐Salary ☐Business ☐Inheritance ☐Savings/Investments ☐ Remittance ☐ Other, Please specify:

Occupation: ☐Employed ☐Self-Employed ☐House Wife ☐Other, Please specify:

Monthly Income: ☐Under Rs. 100,000 ☐ Under 500,000 ☐ Under 1,000,000 ☐ Over 1,000,000

Expected Annual Policy Premium : ☐ Under Rs. 100,000 ☐ Under 500,000 ☐ Under 1,000,000 ☐ Over 1,000,000

Here Section 1-A is related to the individuals (including Joint Policy holders). This section is required to be filled completely for all the individuals that opt the insurance/investment plans of TPL Life. The fields required to be filled are:

- Name – of the applicant
- Father's/Husband Name: of the applicant
- Policy or Proposal Number – provided at the time of generation of policy or proposal
- Minor – check box to be selected (any one) if the applicant is minor (below age 18) tick YES else NO
- Name of Guardian: If the Minor is selected as YES then enter the name of the Guardian
- If Guardian is selected; enter the relationship with the minor in "Relationship with Minor" field
- CNIC – enter 13 digit CNIC number
- CNIC expiry date – enter the expiry date of CNIC as mentioned in the CNIC card
- Nationality – applicant nationality is entered here
- Religion – enter the applicant's religion here
- Country of Tax Resident – the applicant's tax residence area/country is written here where the applicant files his/her taxes
- NTN/TIN # - enter the NTN/TIN # of the applicant here
- Mailing address – enter the mailing address of the applicant

- Permanent Resident Address - enter the permanent resident address of the applicant (if both addresses are same enter one and write “same as above”
- Mobile No – essential to enter the applicant’s number here for contact purposes
- Phone No – enter the applicant’s resident number
- Email – enter email address of the applicant
- Source of Income – select any 1 out of 6 options the source of income of the applicant
- Occupation – select any 1 option to identify the occupation of the applicant
- Monthly Income – select any one option for the applicant’s income slab
- Expected Annual Policy Premium – enter the applicant’s expected premium per annum

Section 1-B: For Institution Only

Name of Institution: ____________________

Institution Category: ____________________ Policy/Quotation No.: ____________________

Registration No.: ____________________ NTN: ____________________

Legal Status: ☐Company ☐Partnership ☐Employee Fund ☐Trust ☐Others, Please specify: ____________________

Parent Company Name: ____________________ Ultimate Beneficiary: ____________________

Registered Address: ____________________

Mailing Address: ____________________

Contact Name: ____________________ Designation: ____________________

Mobile No.: ____________________ Phone No.(Office): ____________________ Email Address: ____________________

Here this section is for the Corporates/Institutions only; if the company invest in the plan then this part is required to be filled – but please note this section is ***NOT*** for the individuals.

- Name of Institution – enter the company’s name
- Institution Category – enter which sector the company belongs (like FMCG, Financial sector – bank, mutual fund, insurance etc.)
- Policy / Quotation No. – enter the policy number or the quotation number whichever is provided to you
- Registration No. – enter the company’s registration number here
- NTN – here enter the company’s NTN number only (not for individual/company’s owner)
- Legal Status – select the any 1 option from available 5 options
- Parent Company’s Name – if company has a parent company please mention here
- Ultimate Beneficiary – please enter the beneficiary name here

- Registered Address – enter company's registered address here
- Mailing address – if the registration address and mailing address if different then please enter else write "same as above"
- Contact name – enter the contact name of the company's personal
- Mobile No. - enter the contact mobile number of the company's personal
- Phone No. (official) - enter the official company's number
- Email address - enter the email of the company or company's personal

Section 2: Misc KYC Questions

a)	1) Are you a resident/ national of any country other than Pakistan? (If "Yes", please fill point #2 below):	☐ Yes	☐ No
	2) Do you belong to a country that is not part of FATF (Financial Action Task Force*)/ FATCA Complied Country:	☐ Yes	☐ No
b)	Do you have any business relationship or transactions in/ from offshore Tax Haven countries?	☐ Yes	☐ No
c)	Has any Financial Institution ever refused to open your account?	☐ Yes	☐ No
d)	Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.?	☐ Yes	☐ No
e)	Do you hold a position in any political party or hold a high profile position i.e. Sports or Media Personality etc (For individuals Only)?	☐ Yes	☐ No
f)	Is your policy premium exceeding Rs. 5 million (For individuals Only)?	☐ Yes	☐ No
g)	Is your entity working as an NGO, NPO, Trust and Association etc. (For institutions Only)?	☐ Yes	☐ No

*FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea | Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

- Here your required to answer the A to G questions of either Yes or No. All questions are necessary to be filled out before submission of the form.

Section 3: Declaration

✓ I/We hereby acknowledge that the information provided on this form is correct to the best of my/ our knowledge and I/ We shall immediately update TPL Life Insurance Limited) if there is any change in the information provided. I/ We authorize that TPL Life Insurance Limited may verify any or all information provided in/ with this KYC Form.

Principal /Authorized Signature | Joint / Authorized Signature | Authorized Signature | Authorized Signature

Once the above form is completely filled; the signature of the relevant bodies are required which are:

1. Principal / Authorized Signature
2. Joint / Authorized Signature
3. Authorized Signature – TPL Life officer
4. Authorized Signature – TPL Life senior

Section 4: List of documents

Individual
- ☐ Attested Copy of Passport / CNIC
- ☐ Detail of Business / Employment Proof
- ☐ Copy of Latest Utility Bill etc for Address Confirmation
- ☐ Guardian Certificate (attested, in case of Minor)

Partnership
- ☐ Attested Copy of Passport / CNIC of all Partners
- ☐ Attested Copy of CNIC of authorized signatories
- ☐ List of Authorized signatories along with Power of Attorney
- ☐ Resolution authorizing investments
- ☐ Copy of latest financials of partnership
- ☐ Copy of Latest Utility Bill etc for Address Confirmation

Executors and Administrators
- ☐ Attested Copy of CNIC of Executor / Administrator
- ☐ Certified copy of letter of Administration

Companies (Institutional and Corporate)
- ☐ Attested Copy of Passport / CNIC of all Directors
- ☐ Audited Accounts of the Company
- ☐ Memorandum and Article of Association
- ☐ Board Resolution authorizing investments
- ☐ Certificate of Incorporation/ Commencement of Business
- ☐ List of Authorized Signatories, along with CNIC copies and Power of Attorney
- ☐ CTC Form A of the Company

Clubs, Societies and Associations
- ☐ Board / Governing Body Resolution for Investment
- ☐ Certified copy of by-laws/ rules and regulations
- ☐ Attested Copy of CNIC of Board members
- ☐ Certified copy of Registration Certificate
- ☐ List of Authorized signatories, CNIC copies, and Power of Attorney

Trust (including but not limited to, provident fund, gratuity fund, pension fund, mutual fund etc)
- ☐ Attested Copy of CNIC of all Trustees
- ☐ Certified copy of Trust Deed
- ☐ Trustee / Governing body Resolution for investment
- ☐ Copy of latest Financials of the Trust
- ☐ List of Authorized Signatories, along with CNIC copies and Power of Attorney

Government Entities
- ☐ A Special Resolution / authority endorsed by the Ministry of Finance or Finance Department of concerned Government (Federal/ Provincial/ Local) clearly listing the persons/ officers authorized to operate such account
- ☐ Copy of CNIC of authorized signatories
- ☐ List of Authorized signatories
- ☐ Resolution authorizing investments

- Here are the check boxes required to be selected for relevant investor (Individual/Partnership etc.). This is for the sake of confirmation that the documents of entity are provided by the agent/applicant.

For Official Use

Risk Profile: ☐High ☐Low

Agent Name : ____________ Region / City: ____________ Branch Name / Code: ____________

Relationship Manager: ____________ Comments: ____________

- This part is for the official use only i.e. TPL Life management/staff are required to fill the above. You leave this part as blank.