



# ALPHA INTERNATIONAL LIFE ASSURANCE COMPANY (GUERNSEY) LTD

## CUSTOMER INFORMATION FORM – for contract holders and associated parties

### IMPORTANT INFORMATION

- We require the data below to be confirmed for each contract holder and associated party\* to update our records.  
\* For trust investors, this means the settlor, donor and protector.
- This is in addition to any other requirements relating to our products.**
- Please refer to our AILAC Privacy Notices on page 4 – More details about how we use your information, your rights over this information and how you can exercise your rights can also be found in the Alpha International Life Assurance Company (Guernsey) Ltd Data Privacy Statement – which we publish on our website – <https://alphaintlife.com/privacy-policy.html>

### NOTE

- All fields are mandatory and must be completed.**
- Without this information, any instructions relating to the investment will be delayed.**
- Please use copies of this page to provide the information for all parties associated with the investment.**
- Please note that if the Power of Attorney and Executor option is chosen below the following sections will not be required to be completed – Residential Address at commencement of Investment, Occupation, Tax information & Source of Income, Funds & Wealth.**
- Should the FATCA/CRS information and declaration not be completed the instruction will be delayed.**
- Entity and Trust Contract Holder(s) in addition please complete the Entity/Trust self certification form.**

### PLEASE TICK/COMPLETE THIS FORM USING BLOCK CAPITALS AND BLUE OR BLACK INK

Contract number/s

Purpose of investment/ account

Role of the party whose data is provided:  Contract Holder  Donor  Settlor  Protector

### SECTION A – PERSONAL INFORMATION/INDIVIDUAL PERSONAL DETAILS

Full name

Residential address at commencement of Investment

Current residential address

Have you ever been known by any different name/surname?  No  Yes – state details here: (In the instance of a female married individual, please provide your maiden surname)

Date of birth (ddmmyyyy)

E-mail address

Contact number

Country of birth



ID number	<input type="text"/>	▶ ID Number/Passport (if non South African citizen)
Current occupation	<input type="text"/>	
Current Industry	<input type="text"/>	
Current Employer/Company Name	<input type="text"/>	
Occupation at commencement of investment <small>(Only applicable to the Contract Holder)</small>	<input type="text"/>	▶ If retired or currently not employed, it is compulsory to indicate your previous occupation.
Industry at commencement of investment <small>(Only applicable to the Contract Holder)</small>	<input type="text"/>	
Employer/Company Name at commencement of investment <small>(Only applicable to the Contract Holder)</small>	<input type="text"/>	▶ If retired or currently not employed, it is compulsory to indicate your previous Employer.

Nationality(ies)	Country(ies) of residence for taxation	Tax identification number(s) (TIN)*	If no TIN please state reasons(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* If you are unable to provide a TIN, please insert 'not applicable' in the relevant TIN box with a reason for not providing the TIN in the box to the right.

**US citizenship or tax residence (Tax information not applicable to Power of Attorney and Executor)**

We will presume that you are not, nor have ever been, a US citizen or resident in the US for tax purposes and as such, please leave this question blank. However, if this is not the case please tick either a) or b) below, as applicable:

- a)  I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is shown above.
- b)  I confirm that I was born in the US (or a US territory) but I am no longer a US citizen.  
*If you choose option b, you must provide your US loss of nationality certificate.*

**Politically Exposed Persons (PEP):** If the Contract Holder(s), or any other party connected to this application either now or in the past/future, could be classed as a PEP, or connected with a PEP, please provide details:

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

**Trust Information** (If Applicable)

Trust Name	<input type="text"/>
Trust Number	<input type="text"/>
Created on	<input type="text" value="DD MM YY YY"/>
Jurisdiction of Trust & Country	<input type="text"/>

Please explain the reason for the establishment of the Trust, what type of trust it is.

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

**Section B** to be completed in terms of the wealth of the trust and the settlor and the source of the funding.



**SECTION B – SOURCE OF WEALTH AND FUNDING**

**Source of Income:** E.g. Salary/dividends/company profits. (not applicable to Power of Attorney and Executor)

**Source of Funds:** Please provide details of where the Contract Holder(s) funds were held prior to being transferred to Alpha International Life Assurance Company (Guernsey) Ltd. (not applicable to Power of Attorney and Executor)


**Source of Wealth:** Please provide details of the Contract Holder(s) entire body of wealth and a broad picture of how it was acquired. Example: accumulated savings from 13 years' employment as a doctor at the ABC Medical Centre; or profits from sale of logistics business called Shipping Stuff Limited. (not applicable to Power of Attorney and Executor)


**SECTION C – DECLARATION & SIGNATURE**

I confirm that I am aware that the details provided will be used to update the Alpha International Life Assurance Company (Guernsey) Ltd records.

I hereby confirm and declare that the details provided are accurate. I am the person named above and declare that the details provided are accurate.

I hereby confirm that none of my/our personal particulars or other details have changed from the information previously provided to AILAC other than as indicated on the form. I further confirm that I/we will advise AILAC in writing should any information change in the future.

I understand that AILAC will be relying on the validity of this information for the purposes of complying with both local and foreign regulations, including, but not limited to, Anti-Money Laundering, FATCA/CRS and Dividend Withholding Tax regulatory requirements.

I understand that for regulatory purposes, Alpha International Life Assurance Company (Guernsey) Ltd is required to obtain information concerning my taxation status.

Alpha International Life Assurance Company (Guernsey) Ltd may need to contact me for further details regarding tax information. Alpha International Life Assurance Company (Guernsey) Ltd may be required by law to transfer information provided by me to relevant tax authorities under automatic exchange of tax information regulations.

I declare that:

- a) I am resident for taxation in the country(ies) shown above and I am not resident for taxation elsewhere.
- b) I am a national of the country(ies) shown above and I am not a national or a citizen of any other country.
- c) I will inform Alpha International Life Assurance Company (Guernsey) Ltd of any changes in circumstances which affect my tax residency status and that of any other individuals detailed in this form, or which causes the information to become incorrect, and to provide Alpha International Life Assurance Company (Guernsey) Ltd with a suitably updated self-certification and declaration in the event of such a change of circumstances.

I declare that the information in this form and the statements made in this declaration are correct and complete, to the best of my knowledge and belief.

Signature of Contract Holder/Authorised signatory

Date:

D	D	M	M	Y	Y	Y	Y
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**Alpha International Life Assurance Company (Guernsey) Ltd (AILAC) Privacy Notice:**

The Alpha International Life Assurance Company (Guernsey) Ltd Group may use your information or obtain information about you for the following reasons:

- (a) Underwriting;
- (b) Assessment and processing of claims;
- (c) Credit searches and/or verification of personal information;
- (d) Claims checks (ASISA Life and Claims Register);
- (e) Tracing beneficiaries;
- (f) Fraud prevention and detection;
- (g) Market research and statistical analysis;
- (h) Audit and record keeping purposes;
- (i) Compliance with legal and regulatory requirements;
- (j) Verifying your identity;
- (k) Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

To view our full privacy notice and to exercise your preferences, please visit – <https://alphaintlife.com/privacy-policy.html>

