Friends Provident International

Application form

Note: This document is **not** a Nomination of Beneficiary(ies) under the policy.

This Declaration of Beneficial Ownership Application form must be fully completed and signed.

If there are Beneficial Owner(s) in relation to the policy, other than the applicant, it is a regulatory requirement to request the details of such Beneficial Owner(s).

Applicant(s) details

	First (or only) applicant	Second applicant
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
	Other	Other
Surname		
First name(s)		
Application number		
Email address (mandatory)		

Beneficial owner(s) details

1 Are you the ultimate Beneficial Owner(s)*of this policy?

Yes ☐ No ☐ Yes ☐ No ☐

(If the answer is Yes, you do not need to complete Question 2.)

2 Please advise who the ultimate Beneficial Owner(s)* are of this policy by completing the relevant details below and provide a certified copy of their Identity Card/Passport.

Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
	Other	Other
Surname (as shown on ID card/passport)		
First name(s) (as shown on ID card/ passport)		
ID card/passport number		

Beneficial owner(s) details (continued)

Residential Address (Please provide a certified copy of the beneficial owner's verification of address document.)		
Date of birth (DD/MM/YYYY)		
Relationship to the policyholder		

Additional information

Please let us know, in the space below, of any additional information about the beneficial owner(s) we need to be aware of relating to this application. If there are more than two beneficial owners, please also provide their details in the space below.

	First (or only) applicant	Second applicant
Signature(s) of applicant(s)		
Date		

* 'Beneficial Owner', as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism, means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body, corporate or unincorporated.

Beneficial owner(s) details (continued)

Residential Address
(Please provide a certified copy of the beneficial owner's verification of address document.)

Date of birth (DD/MM/YYYY)

Relationship to the policyholder

Additional information

Please let us know, in the space below, of any additional information about the beneficial owner(s) we need to be aware of relating to this application. If there are more than two beneficial owners, please also provide their details in the space below.

	First (or only) applicant	Second applicant
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