



An affiliate of VICTORIA MUTUAL

CLIENT INFORMATION FORM (PERSONAL LINES – NEW AND RENEWAL)

The Proceeds of Crime Act (POCA) 2007, stipulates that certain client information is be collected by Financial Institutions. In order to comply with this legislation we are inviting you to complete this form.

1. Policy Number/Reference No. (If any) _____
2. Title: Mr. /Mrs. /Ms. /Miss _____

last name
first name
middle name
3. Marital Status: single common law married separated divorced widowed
4. Other names (including aliases) _____
5. Home Address _____
6. Mailing Address (if different) _____
7. Telephone and E-mail address: _____

home
mobile
e-mail
8. Place of Birth _____ Nationality _____
9. Mother's Maiden Name _____

last
first
middle
10. Occupation _____ Full Time Part Time Self-Employed Student Retiree
The term "business man or business woman is not acceptable
11. If self-employed, state the nature of your business _____
12. State the address of your business place (if different from your home):

13. State the telephone number of your business (if different from your home or mobile) _____
14. State the E-mail address of your business (if applicable) _____
15. If employed, state the name of your employer:

16. Address of employer _____
17. Telephone number of employer _____ Fax Number _____

