

"The Atrium": 32 Trafalgar Road, P.O. Box 254, Kingston 10, Jamaica W.I  
Tel: (876) 935-2004, TOLL FREE: 1-888-MYNEEDS, Fax: (876) 929-7301  
E-mail Address: ncbic@incb.com, Website: [www.incb.com](http://www.incb.com)

**Branch:** \_\_\_\_\_**CSO/Advisor:** \_\_\_\_\_

Regulations which govern the operations of all approved financial services in Jamaica require that we collect and keep current records of all our clients. To satisfy these requirements and to make sure that we are always able to keep in touch with you please complete all the sections below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name (s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ TRN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Alias: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

If self-employed (state nature of business): \_\_\_\_\_

Employer's/Work Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Policy Number(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Policy Owner Verification Checklist:** A valid copy of identification  
ID Type \_\_\_\_\_ ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Proof of residential address  
(a) Utility Bill (less than 6 months old) (b) Confirmation from telephone directory (c) Voter Roll confirmation (Electoral Office of Jamaica), (d) Address on driver's licence (e) Visit of place of residence by NCBIC/NCB subsidiary representative  
Date of visit: \_\_\_\_\_ Visited by (name, staff level & staff id#) \_\_\_\_\_ TRN  References  FATCA  Payment Method (Standing Order, PAP, Salary Deduction)  Email and Fax Indemnity

It is understood and agreed that, unless instructed otherwise in writing by the Policy Owner, all sums payable by NCB Insurance Company Limited to the Policy Owner shall be remitted to the following account:

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Number \_\_\_\_\_ Account Type \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

*Full name as presented on the Account*

I hereby agree that NCB Insurance Company Limited (NCBIC) may share with its agents, affiliates and their respective officers, employees and agents my customer information and information relating to my dealings with the Company and that consent is being given for such disclosures.

**Policy Owner's Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_