

# DECLARATION FORM



**IMPORTANT NOTE: It is compulsory to complete the section below and to provide the requested documents, in compliance with MAS Notice 314 – Prevention of Money Laundering and Countering the Financing of Terrorism Form**

## SECTION 1: YOUR POLICY DETAILS

Policy Number

Policyholder Name

NRIC/FIN/Passport No.

Claimant Name (where applicable)

Claimant NRIC/FIN/Passport No.

## SECTION 2A: DECLARATION ON BENEFICIAL OWNER FOR LEGAL PERSON

“Legal person” means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

Please ensure that requested documents are attached, and the sections below are duly completed in accordance with the company’s registration with ACRA (Accounting and Corporate Regulatory Authority).

Role in the Legal Person	Documents Required for Verification Purposes
Business Entity (Policy Owner/Claimant) Beneficial Owner/Shareholders* Connected Parties – Directors	<ul style="list-style-type: none"> <li>Business registration information, i.e. ACRA Bizfile or Certificate of Incumbency or Certificate of Incorporation, and</li> <li>Copy of NRIC/FIN/Passport and residential address proof of Beneficial Owner, Shareholders and Connected Parties.</li> </ul> <p>*A copy of Business registration information or Certificate of Incumbency of the shareholder is needed if the shareholder is not a natural person, down to the ultimate individual shareholder.</p>
Connected Parties – Natural Person Having Executive Authority	<ul style="list-style-type: none"> <li>Independent documentary evidence (e.g. certified extract of a board resolution) reflecting the appointment of the natural persons having executive authority, and</li> <li>Copy of NRIC/FIN/Passport and residential address proof of Connected Parties.</li> </ul>
Authorised Signatories	<ul style="list-style-type: none"> <li>Copy of the NRIC/FIN/Passport containing a clear photograph of the Authorised Signatories, and</li> <li>Residential address proof of Authorised Signatories, and</li> <li>Documentary evidence (e.g. certified extract of a board resolution) authorising the appointment of the Authorised Signatories, and</li> <li>Specimen signature(s) of the Authorised Signatories.</li> </ul>

### Part I: Beneficial Owner/Trustee/Shareholder of the Legal Person

“Beneficial owner” means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

I/We declared that there is no other Beneficial Owner that is not identified in the ACRA Bizfile/Certificate of Incumbency.

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

**SECTION 2A: DECLARATION ON BENEFICIAL OWNER FOR LEGAL PERSON** *(continued)***Part II: Connected Parties of the Legal Person**

“Connected party” in relation to a company (other than a partnership), means any director and/or any natural person having executive authority in the company; in relation to a partnership, means any partner and/or manager. Examples of natural persons with executive authority in a company include the Chairman and Chief Executive Officer; for partnership will be the partner and/or manager

**(a) Directors of the Legal Person**

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

**(b) Natural Persons Having Executive Authority of the Legal Person**

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

**Part III: Authorised Signatories of the Legal Person**

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

## SECTION 2B: DECLARATION ON BENEFICIAL OWNER FOR LEGAL ARRANGEMENT

“Legal arrangement” means a trust or other similar arrangement.

Please ensure that the requested documents are attached, and the sections below are duly completed in accordance to the trust instrument.

Role in the Legal Person	Documents Required for Verification Purposes
Trust (Policy Owner/Claimant) Beneficial Owner* Settlers/Trustees/Protector Beneficiary	<ul style="list-style-type: none"> <li>Trust instrument, i.e. deed of trust, and</li> <li>Copy of NRIC/FIN/Passport and Residential address proof of Beneficial Owner, Settlers, Trustees, Protectors, Connected Parties.</li> </ul> <p>*A copy of the Business registration information (i.e. ACRA Bizfile or Certificate of Incumbency or Certificate of Incorporation) of the beneficial owner is needed if the beneficial owner is not a natural person, down to the ultimate individual beneficial owner.</p>
Authorised Signatories	<ul style="list-style-type: none"> <li>Copy of the NRIC/FIN/Passport containing a clear photograph of the Authorised Signatories, and</li> <li>Residential address proof of Authorised Signatories, and</li> <li>Documentary evidence (e.g. certified extract of a board resolution) authorising the appointment of the Authorised Signatories, and</li> <li>Specimen signature(s) of the Authorised Signatories.</li> </ul>

### Part I: Beneficial Owner of the Legal Arrangement

“Beneficial owner” means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

I/We declared that there is no other Beneficial Owner that is not identified in the ACRA/Certificate of Incumbency.

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

### Part II: Settlers/Trustees/Protector of the Legal Arrangement

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

**SECTION 2B: DECLARATION ON BENEFICIAL OWNER FOR LEGAL ARRANGEMENT** *(continued)***Part III: Beneficiary of the Legal Arrangement**

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

**Part IV: Authorised Signatories of the Legal Arrangement**

Family Name	Given Name	NRIC/FIN/ Passport No.	Date of Birth	Nationality	Residential Address

### SECTION 3: DECLARATION AND AUTHORISATION

I confirm that the responses, information and documents provided in this form ("Information") are full, complete and true, and I agree that the Information provided forms the basis of any policy issued, amended or reinstated. I will provide assistance to address any queries including the provision of sufficient evidence to support the Information as may be requested by Aviva Ltd, its representatives or other persons from time to time.

I understand and agree that Aviva Ltd is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Aviva Ltd from providing insurance coverage, transaction business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. The decision of Aviva Ltd shall be final.

I further agree that in the event that Aviva Ltd becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Aviva Ltd may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/We will immediately inform Aviva Ltd if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Aviva Ltd despite a person connected with the relevant Policy being a Prohibited Person, Aviva Ltd shall be entitled to block/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

I consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of this document and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.

I also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Signature of Policy Owner/Claimant/Authorised Signatory with Company Stamp

Name:

Date:  /  /  (DD / MM / YYYY)