



JN GENERAL INSURANCE COMPANY LIMITED
 Head Office: 9 King Street, Kingston
 P.O. Box 395, Kingston, Jamaica, W.I.
 Tel: (876) 922-1460, Fax: (876) 922-4045
 email: info@jngijamaica.com website: www.jngijamaica.com

CUSTOMER INFORMATION FORM - ORGANIZATION

Dear Customer,

We are required by law to maintain your most current personal information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

This document attaches to and forms a part of Policy Number _____

Name of Organization (*Insured*) _____

Nature of Business (*Describe Fully*) _____

Company / Business No _____ TRN _____

Business Address _____

Mailing Address (*If different from above*) _____

Tel. # _____ Fax # _____ Website _____

Source of Funds (*Premiums*) _____

Name of Chief Executive Officer _____

Do any of the named directors or shareholders hold prominent public functions (e.g. politicians, senior government, judicial or security force officials) in any country? If yes, give details, using additional form if required.

Contact Person/Authorized Signatory Information:

Name _____ Relationship to Insured _____

Address _____ TRN _____

Date of Birth _____ Tel# _____ Email _____

ID. Type & Number _____ ID Exp. Date _____

Names and Addresses of Shareholders with 10% or more shareholding (If additional space is required, please use the reverse of this form)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Names of Directors (If additional space is required, please use the reverse of this form)

| | |
|--|--|
| | |
| | |
| | |
| | |

I do hereby declare that the above answers are true and that any misrepresentation whatsoever can render the insurance of no effect.

I/We agree to my/our personal information being shared with JNGI's parent company and/or any of JNGI's fellow subsidiaries. I/We further agree that JNGI may record and store all information on my/our account in such form and means it deems fit including use of the services of its parent or fellow subsidiaries and affiliates or any electronic data processing service provider.

Insured's Signature _____ Date _____
 (*Authorized Signatory*)

JNGI Representative's Signature _____ Date _____

NB - Please submit the following:

- Certified Copy of Certificate of Incorporation or Certificate of Registration of the Business
- Certified Copy of Valid Photo Identification for Authorized Signatories (for insurance purposes) for organizations that are not Limited Liability Companies
- In the case of a Sole Trader, Certified Copy ID and Proof of Address for the proprietor