

Confidential Fact-Finding form for Group Health Insurance

Corporate Client

Insured name:

Insured Address:

Postal Code:

Email address:

Telephone number:

Fax number:

Beneficial Owner (Person In Charge / PIC)

Name:

Address:

Postal Code:

Email address:

Telephone number:

Fax number:

Company's Data

Type of Company:

State Owned/BUMN

Joint Venture

Foundation

Limited Company

Pension Fund

Others

Type of Business:

Tax Registered No.:

Annual Income:

up to Rp. 500 million

Rp. 500 - 1,000 million

Rp. 1,000 - 5,000 million

more than Rp. 5,000 million

Source of Income:

Revenue

Others:

Bank Account

Name of Bank:

Account No.:

Name of Bank:

Account No.:

Policy coverage

Fire

Engineering

Motor

Marine

Others:

Supporting Documents

Company's Profile

Copy Tax Register - NPWP

Annual Report

Copy of KTP/SIM/Passport (for PIC)

Reference (fill by Insurer)

Client Code

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Intermediary Code

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Signature:

Date (dd/mm/yyyy):

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This Application Form should be completed in complied with Law Number 15/2002, Minister of Finance of The Republic Indonesia Decree Number 45/KMK 06/2003 regarding Implementation of Know Your Customer (KYC) Principle for Non Bank Financial Institution

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