

CERTIFICATION OF BENEFICIAL OWNER

I. GENERAL INFORMATION

Policy Number	Contact Number:	Email Address:
Name of Policy Owner		
(Last Name)	(First Name)	(Middle Name)

II. BENEFICIAL OWNER INFORMATION

BENEFICIAL OWNER #1				
Name of Beneficial Owner/s:				Gender:
Present Address:				Nationality:
Permanent Address:				Contact Number:
Date of Birth:	Place of Birth:	Occupation/Nature of Work	Relationship With Applicant/Insured:	Email Address:
Source of Funds: <input type="checkbox"/> Salary/Professional Fees/ Commission <input type="checkbox"/> Savings <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify): _____				
If Juridical Entity, how much is the % of your Ownership: _____ %				
BENEFICIAL OWNER #2				
Name of Beneficial Owner/s:				Gender:
Present Address:				Nationality:
Permanent Address:				Contact Number:
Date of Birth:	Place of Birth:	Occupation/Nature of Work	Relationship With Applicant/Insured:	Email Address:
Source of Funds: <input type="checkbox"/> Salary/Professional Fees/ Commission <input type="checkbox"/> Savings <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify): _____				
If Juridical Entity, how much is the % of your Ownership: _____ %				
BENEFICIAL OWNER #3				
Name of Beneficial Owner/s:				Gender:
Present Address:				Nationality:
Permanent Address:				Contact Number:
Date of Birth:	Place of Birth:	Occupation/Nature of Work	Relationship With Applicant/Insured:	Email Address:
Source of Funds: <input type="checkbox"/> Salary/Professional Fees/ Commission <input type="checkbox"/> Savings <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify): _____				
If Juridical Entity, how much is the % of your Ownership: _____ %				

III. DECLARATION

We declare to the best of our knowledge that the information provided is true, complete and correct. If signing for the legal entity, we certify that we have the capacity to sign for such legal entity. We understand that this will constitute the basis of contract between the Policy Owner/ Insured and COCOLIFE.

Signature over Printed Name of Beneficial Owner #1

Signature over Printed Name of Beneficial Owner #2

Signature over Printed Name of Beneficial Owner #3

Signature over Printed Name of the Policy Owner

Signature over Printed Name of the Insured

Reminders:
Beneficial Owner - refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate control over a legal person or arrangement.
 In relation to a juridical entity, Beneficial Owner/s are individuals either owning or controlling at least 20% or more of the company's shares or voting rights.
 Ultimate effective control refers to situation in which ownership/control is exercised through actual or a chain of ownership or by means other than direct control.