

## **DECLARATION OF BENEFICIAL OWNER**

Is there a beneficial owner in r	eceiving this payment?			☐ Yes	☐ No
If Yes, please provide the part Passport to us.	iculars of the beneficial o	owner(s) to thi	is policy and subm	it a copy of their	r NRIC /
Name :					
NRIC / Passport No. :					
Address:					
Contact No. :					
Relationship to Life Insured:					
Nationality:					
☐ Singaporean ☐	Singaporean PR	☐ Others,	please specify :		
Notes:					
Beneficial owner, in relation to or controls a customer or the p who exercises ultimate effective signature of	person on whose behalf we control over body corp	a transaction	is being conducted		
-	Ciaimant				
Date (dd/mm/yy): Name:					
NRIC / Passport No :					
Address:					
Audicas .					
Contact No :					