

**DECLARATION FOR INSURANCE APPLICATION & RENEWAL ACCEPTANCE
LIST OF AUTHORISED SIGNATORIES, CONNECTED PARTIES AND BENEFICIAL OWNERS**

Important note: Section A needs to be completed as part of the customer due diligence in compliance with MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

Policyholder Name: _____ Policy Number: _____

1. Please provide information on the authorised signatories, connected parties, beneficial owners of the Policyholder.
2. **“Connected Parties”** in relation to a company (other than 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 a partnership, this includes the Managing Partner.
3. **“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. (e.g. any natural person who owns at least **25% shareholdings/voting rights** of the legal person taking into account any aggregated ownership for companies with cross-shareholdings).
4. If additional copies of this document are used, it must be signed off appropriately.
5. Verification of all authorised signatories and beneficial owners who are (a) Singapore Citizen/PR-NRIC (b) Foreigner-Passport or FIN with proof of residential address is required. The Policyholder’s latest ACRA business profile or equivalent should be provided.

Section A

Authorised Signatories (Persons appointed to act on behalf of Policyholder)				
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*			Signature	
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*			Signature	
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*			Signature	

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Connected Parties (Persons with Executive Authority)				
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality

Beneficial Owners				
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*				
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*				
Full Name* (as in NRIC/FIN/Passport)	Designation	NRIC/FIN/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*				

Please provide the names of entit(ies) in the table below if the Beneficial Owner belong to one of the following organisation type:

- 1) An entity listed and traded on the Singapore Stock Exchange; and/or
- 2) A financial institution licensed by MAS in Singapore

Name of Entit(ies):

Documents to be Submitted

[Company]

- Accounting and Corporate Regulatory Authority Singapore Business Profile (extracted within last 6 months from policy inception or renewal date) **or**
- Certificate of Incorporation / Registration of Company

[Society]

- Registry of Societies Form 6A-Annual Returns (extracted within last 12 months from policy inception or renewal date) **or**
- Registry of Co-operative Societies Form A-List of Office Bearers (extracted within last 12 months from policy inception or renewal date)

Section B

GST Declaration

The Policyholder's GST status in the Period of Insurance is as follows. Please tick accordingly.

- Non GST Registered
- GST Registered

It is compulsory for GST-registered policyholders to complete the attached **Appendix A – Declaration of Entitlement to Claim Input Tax on Insurance Policy by GST-Registered Policyholders.**

If there is more than one GST-registered company insured under this Policy, please provide the details of each GST-registered company under Page 5 of this form. A duly completed Appendix A is required for each GST-registered company.

Appendix A is not required if the Policy taken up is a Term Life/Critical Illness plan which are GST-exempted.

- From Registration to De-registration

Please provide date of de-registration (where applicable): _____

Declaration by a Company Board Director / Person with Executive Authority

I declare and confirm that the information provided in this form is accurate and complete.

(Only for renewals)

- If the above is partial, the complete information will be furnished by (mm/yyyy): _____

We understand and agree that The Great Eastern Life Assurance Company Limited ("GE") shall not be deemed to provide cover nor liable to pay any claim or provide any benefit under the policy if in GE's opinion, the provision of such cover, payment of such claim or provision of such benefit may expose GE to the risk of or result in any breach or violation of, or non-compliance with any sanction, prohibition, restriction or regulations imposed by any state or transnational

organisation including but not limited to the United States of America, the United Nations, the European Union, the United Kingdom, the Republic of Singapore and any state or country where GE or its related entities carry on business.

Name: _____

Designation: _____

NRIC/FIN/Passport No.: _____

Signature: _____

Company Stamp: _____

Date: _____

*Please provide the name (including aliases) as in NRIC/FIN/Passport. A copy of National ID (Passport / FIN / NRIC) is to be submitted. Proof of address (for e.g. telco or utility bills, etc) is required if:

- 1) Residential address differs from the one stated in the NRIC/FIN, OR
- 2) Passport or employment pass is submitted.

Kindly note that MAS 314 Notice requires all Direct Life Insurers to obtain and verify the residential address provided. Where there are any changes to the information and/or persons declared above in this form, please inform Great Eastern Accordingly.

Appendix A

Declaration of Entitlement to Claim Input Tax on Insurance Policy by GST-Registered Policyholders

IRAS requires the insurers to obtain confirmation on whether the policyholder is blocked from claiming the GST on the insurance premium paid for the insurance contract. In this regard, please complete the following.

To: **Great Eastern Life Singapore**

Date: _____

As a GST-registered person at the effective date of the insurance policy, I hereby confirm the following:

Am I blocked, by virtue of [Regulation 26](#) of the Goods and Services Tax (General) Regulations*, from claiming the GST incurred on the insurance premiums?

Yes No

*The blocked input tax claims under [Regulation 26](#) would include (but not limited to) the following:

Medical and accident insurance premiums incurred for your staff, unless the insurance or payment of compensation is mandatory under the [Work Injury Compensation Act \("WICA"\)](#) or under any collective agreement within the meaning of the [Industrial Relations Act](#).

Please click on the links provided above if more information is required on the particular legislation(s) concerned.

Name of GST-registered Person:	
Name & Signature of Authorised Person:	
Designation of Authorised Person:	
Email address and contact number of Authorised Person:	

Declaration of GST Registration Number:

No.	Company Name	GST Registration No. (Indicate NA if not applicable)
1		
2		
3		
4		

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