Providence

Additional Single/ Regular Contribution Form

Section 1. Policy Details

Policy number		
Title	First Policyholder ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other	Second Policyholder ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Surname (as shown on ID / passport)		
First name (as shown on ID / passport)		
Address (please ensure this matches with the proof of address provided)	Apartment/Villa Number Building/Compound Area P.O. Box Number City Country	Apartment/Villa Number Building/Compound Area P.O. Box Number City Country
Telephone number (Include international country code)		
Mobile number (Include international country code)		
Email address		

Section 2. Tax Details

	First Policyholder	Second Policyholder
Country/Countries of Tax Residence		
Tax Reference Number		

Section 3. Trust Details (If Policyholder)

Name of trust	
Name of trustee	
Correspondence Address	
Telephone number (Include international country code)	
Email address	

Section 4. Introducer Details

Company name			
Introducer name			
Email address			
Office		Region	
Signature		Telephone number	
		Date (DD-MM-YYYY)	- -

Section 5. Payor Details

Is a third-party payor making payments into this policy?

◯ Yes ◯ No

- If 'Yes', please complete the remainder of this section and then proceed to **Section 6. Source of Funds**
- If 'No', please proceed to **Section 6. Source of Funds**

For acceptable third-party payors, we will require full evidence of their identity, source of funds and origin of wealth.

For Individual Third-Party Payor							
Title	☐ Mr	☐ Mrs	☐ Miss	☐ Ms	☐ Other		
Surname (as shown on ID card/passport)							
First name (as shown on ID/passport)							
Previous names (if applicable)							
Date of birth (DD-MM-YYYY)	-	-					
Telephone number (include international country code)						Mobile number (include international country code)	
Email address							
Primary nationality						Do you hold dual nationality? ☐ Yes ☐ No	
						If yes, please state	
Employer name							
Job title						Industry	
Residential Address (please ensure this matches with the proof of address provided)	Apartment/Villa Number						
	Building/Compound						
	Area						
	P.O. Box Number						
	City						
	Country						
Relationship to policyholders							
Reason for third-party payment							

Section 5. Payment Details (continued)

For Company Third-Party Payor			
Name as stated on certificate of incorporation/incumbency			
Incorporation date (DD-MM-YYYY)	- -	Telephone number (include international country code)	
Email address			
Country of incorporation		Industry	
Company address (please ensure this matches with the proof of address provided)			
Relationship to policyholders			
Reason for third-party payment			

Important note: For company third-party payor, subject to review of information submitted, we may ask for further requirements to evidence of information supplied in this section.

Section 6. Source of Funds

To be completed by the person paying the investment amount(s).

Evidence of information supplied in this section should be provided as original documents, or certified true copies of all original documents.

1. **Please provide payors bank details** (i.e. the account used to pay investment amount(s) and to receive payment from Providence Life Limited, PCC. In case of several accounts, details should be furnished for all the accounts):

This section is mandatory regardless of the payment method chosen.

Bank name	
Bank address	
IBAN (Bank A/C number if IBAN not available)	
SWIFT code	
Account holder's name	
Years account held	

*If the account is held for less than 1 year then the previous bank details are also required. Please photocopy this page and attach if necessary.

Please tick this box if additional information is attached. ☐

If the premiums are being remitted through Electronic Money Institution (EMI), please complete the following:

Account holder's name	
EMI account address	
EMI account number	
EMI account country	
IBAN	
BIC	

2. **Are there any other parties indirectly involved with this application e.g., lender?**

☐ Yes ☐ No

If 'Yes', please provide details:

Section 6. Source of Funds (continued)

3. Income details

Please state currency of each income source and assets type line
Please state 'N/A' if not applicable; do not leave any fields blank. Providence reserves the right to request clarification if necessary, should this field remain unupdated, marked as "NA," or left blank.

Section 6A

If employed/self-employed please state the following:

	Payor 1 (First Policyholder/Third-Party Payor)	Payor 2 (Second Policyholder/Third-Party Payor)
	☐ Employed ☐ Self-Employed	☐ Employed ☐ Self-Employed
Employer name		
Employer's address		
Job title		
Industry		
If retired,		
Former occupation		
Former employer		
Industry		
Annual basic income		
Bonus/profits		
Benefits in kind (e.g., housing allowance, education, travel, etc)		
Other (please specify)		
Length of employment with current employer		
If employed for less than 18 months,		
Previous employer		
Length of service		
Industry		

Section 6. Source of Funds (continued)

Please state total amount received annually from all sources, stating the amount and currency.
For joint account holders, please state the combined total annual income.

Currency					
Current Year		Last Year		Year Before Last	

Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum.

Please state 'N/A' if not applicable; do not leave any fields blank.

	Payor 1 (First Policyholder/Third-Party Payor)	Payor 2 (Second Policyholder/Third-Party Payor)
Rental income		
Investment income		
Pension income		
Other (please specify)		

Providence reserves the right to request clarification if this field is left blank or marked as 'N/A'.

Section 6B

Details of assets

Cash amount		
Shares and bonds amount		
Properties amount		
Other amounts		

Details of liabilities

Loans/debts amount		
Accounts payable		

Section 7. Premium Details

If your premium is in a different currency to the policy currency, we will convert the amount at the prevailing company exchange rate on the day that your premium is received. We can only accept freely convertible currencies and we have built in exchange rate changes. We will deduct any transaction charges, including those made by your bank, from your premium amount before adding it to your policy.

A. Regular premium increase details			
Current regular premium amount		Current regular premium currency	
New regular premium amount		New regular premium currency	
Premium increase start date (DD-MM-YYYY)		Premium increase to take effect from the next premium due ☐	
B. Single premium details			
Single premium amount		Single premium currency	

Section 8. Investment Details

Please select from the following

◯	Regular Saving Plan: Invest my premiums across my current investment funds following existing percentage allocation.					
◯	Portfolio Bonds: Invest my premium across my current investment funds following existing percentage allocation. The allocation will be excluding Structed Notes, FTDs or any investment closed to new subscription.					
◯	Portfolio Bonds: Invest my premium to cash whereby a separate dealing instruction will follow.					
	☐ GBP	☐ EUR	☐ JPY	☐ CHF	☐ USD	☐ AUD
◯	Investment my premium(s) across the below specified allocation					

PLL Asset Code/ISIN	Asset Name	Asset Currency	Enter the Percentage of the Investment for Each Asset
Cash Account (For Polaris Portfolio Bond only)	Cash Account	Policy Currency	2%
	Total Percentage Amount (Please ensure your investments total 100%)		100%

Section 9. Origin of Wealth

This section is mandatory. It must be countersigned and provided to us if left blank initially.
Please refer to (PL1503) Origin of Wealth and Source of Funds Guide for details on additional documentary evidence that maybe required.

The purpose of this section is to gather information relating to the origin of your investment(s) in order to satisfy international anti-money laundering and 'know your client' requirements.

☐ i. Savings from salary and/or employment bonus

☐ ii. Gifts and/or inheritance (If 'Yes', please give details)

Total value		Currency	
Date received/settlement date (DD-MM-YYYY)	- -		

☐ iii. Proceeds from shares/investment holdings/property sale (If 'Yes', please give details)

Total value or amount of sale		Currency	
Date received/settlement date (DD-MM-YYYY)	- -		

☐ iv. The disposal of a business or other asset (If 'Yes', please give detail of the disposal and specify the original source of wealth for the investment in the business or asset)

Total value or amount of sale		Currency	
Date received/settlement date (DD-MM-YYYY)	- -		

☐ v. Please provide details here if your Investment(s) is from a source other than that listed above. Include full details of where the funds are from, dates, currency and amount.

Total value		Currency	
Date received/settlement date (DD-MM-YYYY)	- -		

Section 10. Proof of Identity and Address

PLEASE TICK TO CONFIRM DOCUMENT IS ATTACHED.

1. Proof of Identity

Policy applicant(s) (and third-party payors, if applicable) must provide one of the following valid primary documents that has been seen and suitably certified to confirm the true likeness of the individual and is a true copy of the original.

First Applicant	Second Applicant	Third-Party Payor (if applicable)	Proof of Identity	Conditions
☐	☐	☐	Passport of primary nationality	Full page and clear copy of the passport including machine readable section and signature page. The relevant endorsement page(s) of the passport must be submitted (when applicable).
☐	☐	☐	Government issued ID card with signature, photograph and expiry date	The identification document must include the holder's full name, date of birth, gender, place of birth, nationality, signature, validity, expiry date, country of issue or issuing authority and photograph.

2. Proof of Address

In order to verify the policy applicant(s) (and third-party payor's, if applicable) current residential address, please attach either an original or suitably certified copy of one of the following documents (the documents seen must be **less than three (3) months old** upon receipt by us, unless advised otherwise) and confirm that the document is a true copy of the original and have duly be seen and verified by the certifier. The document must be issued in the name of the applicant(s) (or third-party payor, if applicable) and show the address appearing on the application form or held in our records as the current residence. Please note documents containing P.O. Box only cannot be accepted.

The documents, if not in English, should be translated into English prior to submitting and should be certified by the translator. This is a regulatory requirement.

First Applicant	Second Applicant	Third-Party Payor (if applicable)	Proof of Address	Conditions
☐	☐	☐	Utility bill	Must be issued/dated within ninety (90) days at the time receipt at Providence and must reflect supply of utilities to the residential property stated on the application. Fixed line telephone are acceptable, Mobile phone bills are not.
☐	☐	☐	Tenancy contract	The contract must be valid and signed by both relevant parties (landlord and the tenant).
☐	☐	☐	Bank statement or credit card statement	Must be issued by a regulated financial institution issued/ dated within ninety (90) days of the time receipt at Providence.
☐	☐	☐	Driving license	Must reflect the holder's residential address, valid and have an expiry date. All parts of the license must be provided.
☐	☐	☐	Employer letter	Must be on company headed paper and signed by someone in a position to issue such a letter i.e. HR manager, senior manager, cannot be signed by the applicant or relation to the applicant. Must be issued/dated within ninety (90) days at the time receipt at Providence.

For trust policyholders only

Please attach a suitably certified true copy of the following:

- Evidence of proper appointment of the trustees e.g. the relevant pages of the extracts of the Deed of Trust that show this
- The identity of the trustees must be verified in accordance with the appropriate requirements for corporate or personal clients. Where there is more than one individual trustee, identification must be obtained for each in accordance with the relevant ID requirements

The following information/documentation should be provided by the trustees:

- The source or origin of the assets under the trust
- The nature of the trust (this means the type of trust e.g. discretionary, blind, charitable, etc.)
- The purpose of the trust (this means the reason why the trust has been set up e.g. inheritance planning, wealth preservation, etc.)
- Details of the settlor(s), which should include full names(s), date(s) of birth and if they are still living current residential address(es). If deceased the date(s) of death should be given
- Details of any protector(s), which should include full names(s), date(s) of birth and residential address(es)
- Details of the beneficiaries of the trust should be obtained and should include full name(s), dates of birth and current addresses of any individuals, and sufficient information to identify any other class, corporate entity, charity or other beneficiary
- Details of whom we are to take instructions from and copies of their specimen signatures. It is usual for all trustees to be required to give instruction. Where the trustee is a company, the authorised signatories of the company must sign for the company in addition to any other trustee

Section 11. Declaration/Data Protection

- I/We understand that the personal information that I/We supply may be held and used by the Company in the following ways:
    - To process, evaluate and administer the contracts/policies/claims;
    - To prevent and detect fraud and financial crime; and
    - To perform accounting, statistical and research activities,
- I/We also understand that to carry out the above the Company may need to pass the information to:
    - Any Providence Group companies, re-insurers, reference agencies, third parties who provide relevant services to the company and my/our relevant financial professional;
    - Countries outside of Mauritius that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
    - Public bodies including the police, or insurers' database; and
    - Any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.
- I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.
- I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.
- I/We confirm that this/these signature/s is/are mine/ours as policyholderholder/s or that/those of my/our appointed legal representative/s.
- I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this application.
- I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it necessary to seek clarification regarding any part of the certification.
- I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.
- I/We agree to inform the Company in writing of any change to the information provided in this application. I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.
- I/We consent to and understand Providence seeking independent verification (if considered necessary) of any information given in this application.
- I/We confirm that I/We have read and agree with the content of the Declaration/Data protection section.

I/We understand that the Group companies, and companies that they become associated with, may share the information so that they can contact me/us by mail/email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

I/We will not be contacted in this way if I/we tick here. ☐

	First Policyholder / Trustee / Authorised Signatory	Second Policyholder / Trustee / Authorised Signatory
Signature		
Date (DD/MM/YYYY)	/ /	/ /

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