



Republic of the Philippines  
Department of Finance  
**INSURANCE COMMISSION**  
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**Circular Letter No. 14-2004**

To : **All Insurance Companies and Intermediaries**  
Subject : **Know Your Customer (KYC) Forms**

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In accordance with the Anti-Money Laundering Act of 2001, as amended, and IC Circular Letter No. 4-2004, the attached KYC Forms are hereby prescribed to record the minimum information on clients/assureds required under the law.

All insurance companies and intermediaries shall see to it that no insurance policy shall be issued without the appropriate KYC form duly filled up.

For strict compliance.

**EDUARDO T. MALINIS**  
Officer-In-Charge

July 13, 2004



**Know Your Customer (KYC) Form - 1**

In compliance with the Anti-Money Laundering Act (AMLA)

**For Corporate Client:**

Business Name : \_\_\_\_\_ Telephone Nos : \_\_\_\_\_

Principal Business Address : \_\_\_\_\_

Nature of Business : \_\_\_\_\_ TIN No : \_\_\_\_\_

List of Directors / Partners : \_\_\_\_\_

List of Principal Stockholders owning at least 2% of the capital stock :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beneficial owners, if any :

Name of Authorized Representative : \_\_\_\_\_

Position \_\_\_\_\_ Telephone No. \_\_\_\_\_

Form completed by : \_\_\_\_\_ Position : \_\_\_\_\_ Date : \_\_\_\_\_

Policy No. \_\_\_\_\_

( Please attach copy of Articles of Incorporation/Partnership and By-Laws )

**Know Your Customer (KYC) Form - 2**

In compliance with the Anti-Money Laundering Act (AMLA)

**For Individual Client:**

Complete Name : \_\_\_\_\_

Sex : \_\_\_\_\_

Present Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Telephone No : \_\_\_\_\_

Nationality : \_\_\_\_\_

TIN / SSS / GSIS no : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Nature of Work : \_\_\_\_\_

Place of Birth : \_\_\_\_\_

Name of Employer : \_\_\_\_\_

Nature of Self-employment / Business : \_\_\_\_\_

Sources of Funds : \_\_\_\_\_

Name of Beneficiaries, if applicable : \_\_\_\_\_

Assured's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Policy No : \_\_\_\_\_