

Additional Single/Regular Contribution Form

Section 1. Policy Details

Policy number

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First Policyholder

Title

Mr Mrs Miss Ms
 Other

Surname (as shown on ID/passport)

First name (as shown on ID/passport)

Address

Telephone number
(Include international code)

Mobile number
(Include international code)

Email address

Second Policyholder

Mr Mrs Miss Ms
 Other

Section 2. Trust Details (If The Policyholder)

Name of the Trust

Name of Trustee

Correspondence address

Telephone number
(Include international code)

Email address

Section 3. Payor Details

About the person making the payments

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 4** and complete Source of Funds information.
- If 'No' please proceed to **Section 4** and complete Source of Funds information.

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

For individual 3rd Party Payor

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
Surname (as shown on ID card/passport)						
First name/s (as shown on ID card/passport)						
Previous names (if applicable)						
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number (include international code)	<input type="text"/>			Mobile number (include international code)	<input type="text"/>	
Email address	<input type="text"/>					
Primary nationality	<input type="text"/>			Do you hold dual nationality? If 'Yes' please state	<input type="text"/>	
Employer name	<input type="text"/>					
Job title	<input type="text"/>			Industry sector	<input type="text"/>	
Residential address	<input type="text"/>					
Relationship to Applicants	<input type="text"/>					
Reason for 3 rd Party Payor	<input type="text"/>					

For company 3rd Party Payor

Name as stated on certificate of incorporation/incumbency	<input type="text"/>						
Incorporation date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone number (include international code)	<input type="text"/>
Email address	<input type="text"/>						
Country of incorporation	<input type="text"/>			Industry sector	<input type="text"/>		
Address	<input type="text"/>						
Relationship to Applicants	<input type="text"/>						
Reason for 3 rd Party Payor	<input type="text"/>						

Section 4. 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):

Bank name	
Bank address	
IBAN number (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.

2. **Are there any other parties indirectly involved with this application e.g. lender?** Yes No
If 'Yes', please provide details

3. **Income details**

Note: Please state zero (0) if not applicable and do not leave any boxes blank

	Payor 1	Payor 2
Section A		
If employed/self employed please state		
Name of employer		
Employer's address		
Annual basic income	(A)	(A)
Bonus/profits	(B)	(B)
Benefits in kind (e.g. housing allowance, education, travel, etc)	(C)	(C)
Total amount received	(A+B+C)	(A+B+C)
Other (Please specify)		
Length of employment with current employer		
If less than 18 months please state previous employer and length of service		

Section 4. Source Of Funds (Contd)

Note: Please state zero (0) if not applicable and do not leave any boxes blank

Total amount received annually from all sources, stating the amount and currency. For Joint Account holders, please state the combined total annual income.

Current Year	<input type="text"/>	Last Year	<input type="text"/>	Previous Year	<input type="text"/>
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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.

	Payor 1	Payor 2
Rental income	<input type="text"/>	<input type="text"/>
Investment income	<input type="text"/>	<input type="text"/>
Pension income	<input type="text"/>	<input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>

Section B

Details of assets

Cash amount	<input type="text"/>	<input type="text"/>
Shares and bonds amount	<input type="text"/>	<input type="text"/>
Properties amount	<input type="text"/>	<input type="text"/>
Other amounts	<input type="text"/>	<input type="text"/>
Total assets amount	<input type="text"/>	<input type="text"/>

Details of liabilities

Loans/debts amount	<input type="text"/>	<input type="text"/>
Accounts payable	<input type="text"/>	<input type="text"/>

Section 5. Premium Details

Note:
 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	<input type="text"/>	Current Regular Premium currency	<input type="text"/>
New Regular Premium amount	<input type="text"/>	New Regular Premium currency	<input type="text"/>
Premium increase start date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

B. Single Premium details

Single Premium amount	<input type="text"/>	Single Premium currency	<input type="text"/>
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Section 6. Investment Details

Please select from the following:

- Invest my Premiums equally across my existing investments
- Invest my Premiums across my investment funds following the existing percentage allocation
- Invest my Premiums across my investment funds as per the allocation specified below.

PLL Fund Code/ISIN	Fund Name	Fund Currency	Enter the % of the Investment For Each Fund
Total Percentage Amount <small>(Please ensure your investments total 100%)</small>			100%

Section 7. Origin Of Wealth

Please refer to the 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.

This section asks how the payor acquired the money. Please state how the Origin of Wealth for this Investment has been raised if other than Annual Income. If answering 'Yes' to questions i, ii, iii, iv or v, you maybe required to provide proof by way of supporting documentation.

i. Savings from salary and/or employment bonus (If 'Yes', please give details)

Total value Currency

Date received/settlement date

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

Total value Currency

Date received/settlement date

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

Total value or amount of sale Currency

Date received/settlement date

D	D	M	M	Y	Y	Y	Y
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Details/address of property

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

D	D	M	M	Y	Y	Y	Y
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Section 7. Origin Of Wealth (Contd)

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 or amount of sale Currency

Date received/settlement date

D	D	M	M	Y	Y	Y	Y
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Section 8. Proof Of Identity And Residential Address

1. Proof of Identity - (please tick to confirm document is attached)

Policyholder(s) (and 3rd 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 Policyholder	Second Policyholder	3 rd Party Payor
• Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card with signature, photograph and expiry date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Proof of residential address

In order to verify the Policyholder(s) (and 3rd 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 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 Policyholder(s) (or 3rd 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 PO 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 Policyholder	Second Policyholder	3 rd Party Payor
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from employer (must be addressed to Providence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving license with expiry date*†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bank statement/credit card (must be issued by recognised financial institution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are unable to provide one of these documents, please complete **PL2120 Confirmation of Residential Address Form**

*These documents should be valid. †Certified copies of all parts of the license must be provided.

Trustee planholders 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 9. 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 Policyholder(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.

Signature	First Policyholder/Trustee/Authorised Signatory	Second Policyholder/Trustee/Authorised Signatory																
Date	<table border="1" style="border-collapse: collapse; width: 100%; height: 25px;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="border-collapse: collapse; width: 100%; height: 25px;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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Important information

Providence is the business name of Providence Life Limited, PCC. The Company does not offer advice. The Company is not authorised to offer insurance products for sale in the United States. Materials are not intended as an offer of insurance and do not constitute an offer or a solicitation of an offer to buy insurance in any other country or other jurisdiction in which it is unlawful to make such an offer or solicitation. Providence Life Limited, PCC is incorporated as a Protected Cell Company in the Republic of Mauritius, is granted a Category 1 Global Business License pursuant to section 72(6) of the Financial Services Act and issues linked long term insurance products under the license Long-Term Insurance Business Licence No. C109007268 pursuant to Section 11 of the Insurance Act 2005 and the Financial Services (Consolidated Licensing and Fees) Rules 2008. Registered office: Providence Life Limited PCC, Level 4, Mindspace SBI Tower, Cybercity, Ebene, Mauritius. Telephone: +230 466 7070 | Fax: +230 465 0077 | Email: admin@providence.life