



The purpose of this form is to document the permanent residence where our standard accepted criteria for proof of residential address cannot be met.

When used, this form should be accompanied by certified copies of 2 forms of identification which must include a Passport and/or National ID Card and an identification document which has been issued by the government in the current country of residence such as a resident card or driving licence.

1. Details of Contract Holder

Contract number

Title Mr Mrs Miss Ms Other Please State

Surname

Forename

Please give details of any previous names used (including maiden name)

Residential address

Please acknowledge that you have considered each of the following alternatives for proof of your residential address confirmation and provide a brief description why this is not possible. Please note 'not applicable' or 'not available' are not acceptable reasons for not being able to provide these documents.

Evidence type

- A recent (within three months) utility bill.
- A tax assessment document.
- An original letter from the contract holder's employer.
- Proof of payment for a PO Box (which must also show the residential address).
- Proof of ownership or rental of the residential address.

Reason not available

-all utility bills are under partner name's
 -Tax declaration is ahead in 3 more months, the actuals are out of date
 -Employer is Public health system wich doesn't make those letters.
 -No PO BOX
 -Rental is under his partern's name Claudia Barria who is also client of mine in Hansard

Please provide a physical description of the location of the residential address and if available/known the Google Map reference for this address.

2. Personal Information

Any personal information that you have provided on this form will be processed for the intended purpose. We may also use this information for any other purpose specified in the Hansard Worldwide Privacy Policy (HWL24) which is available to view on our website; hansard.com/worldwide. If you have any questions about the usage of your personal information, please contact our Data Protection Officer by emailing data.protection@hansard.com, or Hansard directly, using the details at the end of this form.

3. Data protection

I provide the Company the information supplied on or in conjunction with this application form in order to assess and decide upon my application for insurance (and any renewals or new insurance products) and to administer my contract (and any renewals or new insurance products).

I acknowledge that the information will be held on the Company's records (both manual and electronic) and processed in accordance with the terms established in the Privacy Policy document (HWL24).

I, and any party to this application can request that any information concerning us contained in any files used by the Company and any provider of administrative services (within the restrictions of a data processing service agreement) be sent to us, deleted or rectified.

The right of access, deletion and rectification can be exercised at the Company's address shown at the end of this application form and in accordance with the Privacy Policy document (HWL24).

Contract holder
signature

Date

D	D	M	M	Y	Y	Y	Y
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4. To be completed by the applicant's Independent Financial Advisor

Full name

JUAN PABLO GUGLIELMI ESPOSITO

Job title

FINANCIAL ADVISOR

Brokerage name

KNG INTERNATIONAL ADVISORS

EOU number

1 7 3 1 4

Suitable certifier number
(if applicable)

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Signature

Date

D	D	M	M	Y	Y	Y	Y
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Hansard Worldwide Limited

Incorporated in The Bahamas (no. 200975B) and authorised by the Insurance Commission of The Bahamas.

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