

PAYMENT REQUEST APPLICATION FORM

Kindly ensure that all the relevant information is provided to facilitate a seamless payment process.

(For Official Use Only)	SHORT TERM INVESTMENT PRODUCTS (STIPs)		
COMPANY CODE: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	CLICO <input type="checkbox"/>	BRITISH AMERICAN <input type="checkbox"/>	
CONTRACT NO: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	EFPA <input type="checkbox"/>	MUTUAL FUND <input type="checkbox"/>	
AMOUNT:TT\$	ACH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	

Date requested: Location:
(MM/DD/YY)

OWNER: (If individual, insert First Name and Surname)

E-MAIL:	PHONE:	CELL:
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OWNER: (If individual, insert First Name and Surname)

E-MAIL:	PHONE:	CELL:
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E-MAIL:	PHONE:	CELL:
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OWNER: (If individual, insert First Name and Surname)

E-MAIL:	PHONE:	CELL:
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<input type="checkbox"/> Original Valid ID (National ID/Passport/DP) COPY REQUIRED	<input type="checkbox"/> Original policy contract/ certificate (If lost, Declaration of Loss Policy/Certificate Form)	<input type="checkbox"/> Signed Deed of Assignment and Declaration of Trust Form or Deed of Trust (to be completed in triplicate)	<input type="checkbox"/> Notarized letter and ID for clients residing abroad	<input type="checkbox"/> Power of Attorney Registered in Trinidad & Tobago (if applicable)
<input type="checkbox"/> Release of Assignment duly stamped by Board of Inland Revenue (if applicable)	<input type="checkbox"/> Signed and Witnessed Third Party Declaration Form (Commissioner of Affidavit)	<input type="checkbox"/> Signature of all parties to policies/certificates where there are Multiple Owners (Where "AND" & "AND/OR" appears on policies/certificates - ALL parties must sign)	<input type="checkbox"/> Signature of one Party to policies/certificates where there are multiple owners (Where "OR" appears on policies/certificates)	<input type="checkbox"/> Account validation Requirements showing name of bank & branch, type of account, account number & accountholder's name (e.g. Copy of recent Bank Statement or Letter from Bank)

PLEASE NOTE THE FOLLOWING FOR ASSIGNED POLICIES/CERTIFICATES ONLY:

- ❖ Assignee must complete a Prior Assignment Form **(Schedule II to be completed in quadruplicate)**
- ❖ Assignee must indicate the amount of the assignment

PAYMENT INFORMATION

DO YOU OWN A BANK ACCOUNT? YES NO **(If yes, please provide the following information)**

CHEQUING SAVINGS

NAME OF BANKER:

BRANCH:

ACCOUNT NUMBER:

NAME OF ACCOUNT HOLDER:

- ❖ *I/We certify that all information provided is accurate and authorize the Bankers to credit the Owner(s) account number identified above. (Owner(s) Initials Required)*
- ❖ *I/We certify that the account information provided above is that of the Owner(s) ONLY. (Owner(s) Initials Required)*
- ❖ *I/We agree to the processing fee of twenty-four dollars (\$24.00) for inaccurate account numbers provided herein and authorize deduction from payment proceeds. (Owner(s) Initials Required)*

..... Owner's Name (please print) Owner's Signature ID/DP/Passport No.
..... Owner's Name (please print) Owner's Signature ID/DP/Passport No.
..... Owner's Name (please print) Owner's Signature ID/DP/Passport No.
..... Owner's Name (please print) Owner's Signature ID/DP/Passport No.
..... Authorised Officer's Name (please print) Authorised Officer's Signature	