



### MAS 314 Declaration on Beneficial Owner(s)

The information requested in this form must be provided in order to comply with the mandatory requirements of MAS Notice 314 – Preventing Money Laundering and Countering the Financing of Terrorism – Life Insurance (MAS 314).

The personal data collected in this form, in other documents or provided to Prudential Assurance Company Singapore (Pte) Limited (“Prudential”) shall be used for the purposes stated in the proposal form and Prudential's Privacy Notice (which is available at www.prudential.com.sg). The personal data may be collected, used and/or disclosed by Prudential, its officers, associated organization(s), employees, representative(s), third party distributors and other organizations stated in Prudential's Privacy Notice whether in Singapore or outside Singapore.

**(I) Name of Policyholder / Insured Company(ies) / Assignee(s) / Applicant(s) / Beneficiary(ies) (delete accordingly)**

**(II) Beneficiary owner(s) is either a**

- (a) natural person who ultimately owns or controls the beneficiary /proposer / assignee / applicant (with shareholding of ≥25% of the company’s ordinary shares) or the natural person on whose behalf business relations are established; or
- (b) natural person who does not met the shareholder threshold and who exercises significant influence (i.e. board of directors of corporate shareholder owing the policyholder, person financing the policy) over the beneficiary /proposer / assignee / applicant.

**(III) Information on all shareholder(s) or ultimate shareholder who are non-natural person with shareholding of ≥25% of the ordinary shares of company stated in (I):**

**Section (A): Corporate Shareholder(s) (“CSH”) directly owning ≥25% of the policyholder**

(1) Name of Corporate Shareholder (“CSH”)	(2) Percentage of shareholding
A1 _____	( ) %
A2 _____	( ) %
A3 _____	( ) %
A4 _____	( ) %

**Section (B): CSHs owning ≥25% of the policyholder through ordinary shares of CSHs listed in (A)**

(3) Name of CSH(B) owing CSH(A) listed in section (A)	(4)* CSH of	(5) % owned in CSH [listed in section (A)]
B1 _____	A( )	%
B2 _____	A( )	%
B3 _____	A( )	%
B4 _____	A( )	%

**(4)\*** Please indicate within the bracket the corresponding number in Part II Section (A). In the event that there are CSHs owning ≥25% of the company in Section B, please provide their details on a separate form signed by the Representative.

**(IV) Details of all beneficial owner(s) as defined in (II) of the companies listed in Part (III) A and/or B or any natural person who exercise significant influence over the Policyholder(s) / Insured Companies / Assignee(s) / Applicant(s) / Beneficiary(ies).**

Full Name (including any aliases as per identification document)	:	Mr / Mrs / Ms / Mdm (delete accordingly)	Percentage of Shareholding (ordinary shares):
Relationship to the Policyholder	:	_____	
NRIC / Passport No.	:	_____	Name of company:
Date of Birth	:	_____	
Nationality	:	_____	
Country of Residence	:	_____	

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Full Name (including any aliases as per identification document)	: Mr / Mrs / Ms / Mdm (delete accordingly)	Percentage of Shareholding (ordinary shares):  Name of company:
Relationship to the Policyholder	: _____	
NRIC / Passport No.	: _____	
Date of Birth	: _____	
Nationality	: _____	
Country of Residence	: _____	
Full Name (including any aliases as per identification document)	: Mr / Mrs / Ms / Mdm (delete accordingly)	Percentage of Shareholding (ordinary shares):  Name of company:
Relationship to the Policyholder	: _____	
NRIC / Passport No.	: _____	
Date of Birth	: _____	
Nationality	: _____	
Country of Residence	: _____	
Full Name (including any aliases as per identification document)	: Mr / Mrs / Ms / Mdm (delete accordingly)	Percentage of Shareholding (ordinary shares):  Name of company:
Relationship to the policyholder	: _____	
NRIC / Passport No.	: _____	
Date of Birth	: _____	
Nationality	: _____	
Country of Residence	: _____	

Note: Please complete a separate form, signed by the Representative, if fields provided are insufficient.

**Declaration by Representative of the policyholder / insured company / assignee /applicant / beneficiary / trustee (This Representative could be the CEO, Directors (listed in the ACRA), Managing Director, Partner or Managing Partner of the company/policyholder)**

I declare that the information given in this form is complete and accurate. I shall promptly inform Prudential of changes to such natural person's information in this form. I acknowledge and agree that if the information disclosed in this form is incomplete and/or inaccurate, some or all of the benefits under the policy issued to the Policyholder may not be available. I further acknowledge and agree that Prudential has the right to request supporting documents in relation to the information disclosed in this form.

Full Name of Representative (including any aliases as per identification document)	: _____	Signature with company stamp:     Date:
Designation	: _____	
Company Name	: _____	
NRIC / Passport No.	: _____	
Nationality	: _____	
Country of Residence	: _____	