



MAS Notice 314 Declaration on Parties relevant to the Policyholder

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.

Section (A)

Name of Policyholder / Insured Company(ies) / Assignee(s) / Applicant(s) / Beneficiary(ies) (Please delete accordingly) Please provide name : _____

Section (B)

Principal Place of Business (“PPOB”) (PPOB refers to the main operating office where the senior management of the policyholder resides.) Is the PPOB different from the registered or business address? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please tick accordingly)
If “Yes”, please provide the PPOB : _____

Section (C)

Information on Chairman / CEO / Managing Partner of the company(ies) stated in Section (A):		
Full Name (including any aliases as per identification document) : (1) Mr / Mrs / Ms / Mdm (Delete accordingly)	_____ Chairman / CEO / Managing Partner (Delete accordingly)	(2) Mr / Mrs / Ms / Mdm (Delete accordingly)
Designation :	_____ Chairman / CEO / Managing Partner (Delete accordingly)	_____ Chairman / CEO / Managing Partner (Delete accordingly)
Company Name :	_____	_____
NRIC / Passport No. :	_____	_____
Nationality :	_____	_____
Full Name (including any aliases as per identification document) : (3) Mr / Mrs / Ms / Mdm (Delete accordingly)	_____ Chairman / CEO / Managing Partner (Delete accordingly)	(4) Mr / Mrs / Ms / Mdm (Delete accordingly)
Designation :	_____ Chairman / CEO / Managing Partner (Delete accordingly)	_____ Chairman / CEO / Managing Partner (Delete accordingly)
Company Name :	_____	_____
NRIC / Passport No. :	_____	_____
Nationality :	_____	_____
Full Name (including any aliases as per identification document) : (5) Mr / Mrs / Ms / Mdm (Delete accordingly)	_____ Chairman / CEO / Managing Partner (Delete accordingly)	(6) Mr / Mrs / Ms / Mdm (Delete accordingly)
Designation :	_____ Chairman / CEO / Managing Partner (Delete accordingly)	_____ Chairman / CEO / Managing Partner (Delete accordingly)
Company Name :	_____	_____
NRIC / Passport No. :	_____	_____
Nationality :	_____	_____



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Section (D)

Person(s) authorised to act on matters relating to the purchase of the Policy / assigned Policy

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.

Note: This declaration shall be accompanied by a copy of the NRIC/Passport/FIN containing a clear photograph of the representative and all authorised person(s).

Full Name of Representative (including any aliases as per identification document) Designation Company Name NRIC / Passport No. Nationality Country of Residence	: Mr / Mrs / Ms / Mdm (Delete accordingly) _____ : _____ : _____ : _____ : _____ : _____	Signature with company stamp: Date:
<input type="checkbox"/> Please tick this box if the representative is also an authorised person.		

If there are other authorised person(s) appointed to act on matters relating to the policy(s), please provide their details in the fields below:

Full Name (including any aliases as per identification document) Designation NRIC / Passport No. Date of Birth Nationality Country of Residence	: Mr / Mrs / Ms / Mdm (Delete accordingly) _____ : _____ : _____ : _____ : _____ : _____	Signature:
Full Name (including any aliases as per identification document) Designation NRIC / Passport No. Date of Birth Nationality Country of Residence	: Mr / Mrs / Ms / Mdm (Delete accordingly) _____ : _____ : _____ : _____ : _____ : _____	Signature:
Full Name (including any aliases as per identification document) Designation NRIC / Passport No. Date of Birth Nationality Country of Residence	: Mr / Mrs / Ms / Mdm (Delete accordingly) _____ : _____ : _____ : _____ : _____ : _____	Signature:

Note: Please complete a separate form, signed by the Representative, if fields provided under Items (A) - (D) are insufficient.