

Anti Money Laundering Questionnaire

This form must be completed by ALL applicants who in the process of applying to third party institutions are not required to complete an Anti-Money Laundering questionnaire.

Name of Applicant(s)	
Name of Fund Manager	Fund Name
SECTION A	
VERIFICATION OF CLIENT IDENTITY - Completed by Suitable Certifier	
Phone: _____	Fax: _____
Email: _____	
TO WHOM IT MAY CONCERN	
<p>*1) Please note that I/we wish to transfer the servicing arrangements for all my/our policies to: Finance World Ltd./Professional Portfolio International Ltd. (PPI Ltd.) You are hereby authorised to release all information you hold regarding my policies and investments with your company to them without further reference. Please arrange for all correspondence on all my/our policies to be sent to PPI Ltd. as detailed below.</p> <p>*2) You are hereby authorised to release all information you hold regarding my policies and investments with your company to PPI Ltd. without further reference. Please arrange for all correspondence on all my/our policies to be sent to:</p> <p>PPI Ltd. 209/1 K Tower, Tower B, 19th Fl., Unit 4 Sukhumvit 21 Rd.(Asoke), Klongtoey Nua, Wattana, Bangkok 10110 Thailand Tel +662 664 0968, +662 664 0145 Fax +662 260 7769 clientservices@ppi-advisory.com</p> <p>Contact Person: _____</p>	
Type of Policy	Policy Number
1	
2	
3	
<p>Yours faithfully</p> <p>Life 1: _____ Life 2: _____</p> <p>Date: _____</p> <p>Notes: 1. Please note that both account owners are required to sign in the case of joint life policies. 2. A separate form is required to be completed for each different life company.</p> <p>(* Please delete where appropriate)</p>	