



Life Insurance

your all round protection



Level Term



Loan Protection



insurance proposal form

Details of Life Insured

Quote Number: _____

Personal details

First Life

Second Life

Title	_____		_____	
Forename(s)	_____		_____	
Surname	_____		_____	
Maiden name	_____		_____	
Date & Place of birth	Date of birth _____	Place of birth _____	Date of birth _____	Place of birth _____
Nationality & Residency	Nationality _____	Residency _____	Nationality _____	Residency _____
Identity card / Passport no.	_____		_____	
Gender	_____		_____	
Marital Status	_____		_____	

Address/contact details

Permanent residential address	_____		_____	
Town & Post code	Town _____	Postcode _____	Town _____	Postcode _____
Country	_____		_____	
Correspondence address <i>(only if different from the permanent residential address)</i>	_____		_____	
Town & Post code	Town _____	Postcode _____	Town _____	Postcode _____
Country	_____		_____	
E-mail address	_____		_____	
Telephone & Mobile number	Telephone _____	Mobile _____	Telephone _____	Mobile _____

Profession or occupation

Job title	_____		_____	
Employer's name / Self-employed	_____		_____	
Industry	_____		_____	
Employment status	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
How much time do you spend on	Administration work <input type="text"/> %	Manual work <input type="text"/> %	Administration work <input type="text"/> %	Manual work <input type="text"/> %
Other occupation	_____		_____	
Details	_____		_____	

Know your customer

Do you have multiple citizenship? <i>If yes provide details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you known by any other name? <i>If yes provide details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source of funding the policy	_____		_____	
Source of accumulation of wealth	_____		_____	
Home ownership status	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Living with parents
	<input type="checkbox"/> Living with parents	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Salary	<input type="checkbox"/> up to €20,000	<input type="checkbox"/> €20,001 - €40,000	<input type="checkbox"/> up to €20,000	<input type="checkbox"/> €20,001 - €40,000
	<input type="checkbox"/> €40,001 - €60,000	<input type="checkbox"/> €60,001 & over	<input type="checkbox"/> €40,001 - €60,000	<input type="checkbox"/> €60,001 & over

Initials: Life insured _____

Joint Life insured _____

General Practitioner**First Life****Second Life**

Name

Address

Telephone & / or Mobile number

E-mail address

DIFFERENT PROPOSER(S)*N.B. This section needs to be completed only if the proposer(s) of this policy is/are different from the life/lives to be insured***Details of the Proposer(s)****Personal details****Proposer****Joint Proposer**

Title

Forename(s) / Co. Name

Surname

Maiden Name

Date & Place of birth

Date of birth

Place of birth

Date of birth

Place of birth

Nationality & Residency

Nationality

Residency

Nationality

Residency

Identity card / Passport no.

Co. Reg. No.

Gender

Marital Status

Life insured's relationship with proposer

Address/contact details**Permanent residential address**

Town & Post Code

Town

Postcode

Town

Postcode

Country

Correspondence address*(complete only if different from the residential address)*

Town & Post code

Town

Postcode

Town

Postcode

Country

E-mail address

Telephone & Mobile number

Telephone

Mobile

Telephone

Mobile

Have you ever been prosecuted or convicted of any offence or is any such prosecution pending?

 Yes No Yes No

Initials: Proposer

Joint Proposer

Personal details and history - (To be completed by the life/lives insured)

N.B. if you answer yes to any of the questions, kindly provide full details in the space provided

First Life

Second Life

Forename _____

Forename _____

Surname _____

Surname _____

	First Life	Second Life
1 (a) Are you in good health? (b) Are you entirely free from any physical impairments or disability? (c) Are you entirely free from any mental impairments or disability? Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2 (a) Height (<i>without shoes</i>) - kindly choose if metres or feet (b) Weight (c) Did your weight change in the past two years? (d) Was it a gain or loss? (e) How much was the difference? (f) What was the reason for this change in weight? Details:	<input type="text"/> (mtr) / (ft) <input type="text"/> (kgs) <input type="checkbox"/> Yes <input type="checkbox"/> No Gain/Loss <input type="text"/> (kgs) <input type="text"/>	<input type="text"/> (mtr) / (ft) <input type="text"/> (kgs) <input type="checkbox"/> Yes <input type="checkbox"/> No Gain/Loss <input type="text"/> (kgs) <input type="text"/>
3 (a) Do you smoke or have done so in the last 24 months? (b) What do/did you smoke? (c) How much do/did you smoke per day? Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/>
4 (a) Do you drink alcohol? (b) What do you drink (wine, spirit, beer)? (c) What is your average consumption in units per day/week? Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> (day) <input type="checkbox"/> (week)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> (day) <input type="checkbox"/> (week)
5 (a) Are you in the process of applying for, or do you have any other in-force life insurance and/or disability insurance? <i>If yes please provide details of insurance company and benefits</i> (b) Have any special terms ever been imposed on you by any insurance company or has any proposal for life or disability insurance been declined or postponed? Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6 (a) Do you engage or intend to engage, in any hazardous occupation? <i>(e.g. working at heights)</i> (b) Do you engage or intend to engage, in any hazardous hobbies or sports such as scuba diving, motor sports, rock climbing, parachuting, mountaineering etc? (c) Do you engage or intend to engage, in any sports which involve remuneration? Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7 (a) Did you ever travel outside the Maltese islands for more than one month? (b) Do you intend to travel outside the Maltese islands for more than one month? (c) Did you ever reside or intend to reside outside the Maltese islands? (d) Does your job involve travelling abroad? Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: Life Insured _____ Joint Life Insured _____

	First Life	Second Life
8 Have you received medical treatment including consultations, medical tests, surgery or hospital admissions for any of the following in the last 5 years:		
(a) Cardiovascular disease: high blood pressure, stroke, angina pectoris, heart attack, arrhythmia, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Metabolic disease: increased cholesterol, tryglicerides and glucose, thyroid and gland disorders etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Lung disease: asthma, allergic rhinitis, bronchitis, broncopneumopathy, tuberculosis, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Urinary tract disease: recurrent inflammation of kidneys, bladder and prostate; kidney stones, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Neurological disease: epilepsy, stress, depression, cerebral stroke, unconsciousness, recurrent headaches, shock, paralysis, multiple sclerosis, Alzheimer syndrome, Parkinson's disease etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Digestive system disease: severe gastro-intestinal disorders, stomach or duodenum ulcer, liver enlargement, haepatic steatosis, pancreas disorders, gallbladder dysfunction, gastritis etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Infectious and venereal disease: blood disease, hepatitis, HIV, AIDS and/or correlated syndromes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) Osteo-articular diseases: rheumatism, arthrosis, post traumatic lesions, congenital deformities, back disorders, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Cancers, tumours, uncontrolled growth of cells, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(j) Have you been admitted in nursing homes or hospitals for surgeries (other than appendicectomy, adeno-tonsillectomy, herniotomy, meniscectomy, limb fractures, varicose veins, cosmetic surgery, childbirth)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(k) Any other illness, condition, disorder or injury not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:		

9 (a) In the last 12 months did you undergo laboratory tests from which abnormal values were pointed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Do you regularly take medicines, alcohol or drugs or have you taken them in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) What is the date and reason for your last visit to a doctor?	Date <input type="text"/>	Date <input type="text"/>
Details:		

10 Have you or any of your blood relatives ever suffered from high cholesterol, heart disease, stroke, diabetes, cancer, tuberculosis, paralysis, multiple sclerosis, contagious diseases, mental illness or death. (blood relatives: father, mother, brothers & sisters)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:		

11 Blood relatives history

First Life	Age	Health problems	Age of onset	Age of death	Cause of death
Relative					
Relative					
Relative					
Relative					
Relative					

Signature: Life Insured _____ Joint Life Insured _____

Blood relatives history continued

Second Life	Age	Health problems	Age of onset	Age of death	Cause of death
Relative					
Relative					
Relative					
Relative					
Relative					

First Life

Second Life

12 (a) Do you or have you ever used recreational drugs or non-prescription drugs (e.g. heroin, cocaine, cannabis)?

Yes No

Yes No

(b) Did you ever have consultations or treatment for alcoholism or drug addiction?

Yes No

Yes No

Details:

13 Have you ever been prosecuted or convicted of any offence or is any such prosecution pending?

Yes No

Yes No

Details:

14 (a) Are you pregnant?

Yes No

Yes No

(b) Are you having any complications with your pregnancy?

Yes No

Yes No

Details:

Additional Information

If you have answered 'Yes' to any of the questions 1 to 14 or you wish to bring to our attention any further information which you feel may be material to your proposal for insurance, please provide details below:

Question No	First Life

Question No	Second Life

Signature: Life Insured _____ Joint Life Insured _____

Policy Details

	Sum Insured	Duration Years	Premium €
Loan Protection Plan <i>(N.B. that additional benefits are not applicable with the Loan Protection Plan)</i>	_____	_____	_____
For Loan Protection Plan indicate loan interest rate <input type="text"/> %			
Level Term Plan	_____	_____	_____
ADDITIONAL BENEFITS			
Accidental Death Benefit	_____	_____	_____
Accidental Death & Dismemberment Benefit	_____	_____	_____
Total Permanent Disability Benefit	_____	_____	_____
Policy fee			_____
		Total Premium*	_____

**The premium amount and cover is subject to successful underwriting*

Payment Details

Payment Frequency: Yearly Half Yearly Quarterly Monthly

Payment Method: Direct Debit Standing Order Other

Start date of Policy

Policy Information

Reason for taking out the insurance policy _____

Will the policy be used as collateral for a loan/credit facilities or to be pledged? Yes No

Name of Bank/Credit institution with whom the policy is being pledged: _____

N.B. The Statutory Notice and the right of cancellation will not apply if the Policy is taken out in order to obtain credit or loan facilities.

Declaration and Important Information

I/We hereby declare that the information given by me/us on the proposal form (whether in my/our handwriting or not) is my/our own responsibility and is to the best of my/our knowledge true, accurate and complete. I/we further declare that no material fact has been withheld. I/we understand that failure to disclose a material fact or provide incomplete or inaccurate information may result in the contract being declared void or cancelled, that a claim under the policy may not be paid and that I/We may encounter difficulties when trying to purchase insurance elsewhere. A material fact is one which is likely to influence Citadel in the best assessment and acceptance of this proposal.

The Proposal form, any additional form and declarations will be considered the basis of the contract and will form part of the policy. I/we agree to inform Citadel of any material facts which occur after this proposal is signed and before the policy will become operative. I/we have been advised that if in doubt as to whether a fact is material, then it should be disclosed. I/we understand that cover under the policy will not be operative until this proposal form, together with all supporting medical/supplementary evidence, has been accepted by Citadel, the relative premium has been paid to and received by Citadel, and the policy documents received by me/us. Citadel reserves the right to decline any proposal.

I/We authorise Citadel to collect pertinent information from third parties relevant to the conclusion of this contract or to the settlement of any claim under this contract. In particular, I/we authorise other insurance companies, doctors and other members of the medical profession, hospitals, clinics, laboratories and other medical facilities, who I/we have consulted about my/our health to give Citadel all the information necessary and pertaining to the insurance contract. Citadel has a confidentiality policy in place which means that all medical information is held securely and access is limited to authorised individuals who need to consult it.

Citadel is bound by the Professional Secrecy Act, 1994 with respect to information furnished by me/us to Citadel in connection with the insurance proposal. However the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/We have read and agree to the Data Protection Notice, the Declaration and Important Information relating to my/our rights.

I/We hereby declare that I/we have been given a copy of the relevant quotation.

I/We further confirm that the information provided above is to the best of my/our knowledge true, accurate and complete.

I/We hereby acknowledge receipt of Key Features document which the insurer furnished me with before entering into a life insurance contract.

I/We have read and consent to the collection, use and disclosure of my/our personal information as set out in the Data Protection Notice.

Initials: Proposer _____ Joint proposer _____

Data Protection Notice

The controller of your data is Citadel Insurance p.l.c. and its subsidiaries ("the Company").

Should you have any queries, you may contact us by:

- Telephone: (+356) 2557 9000
- E-mail: dpadmin@citadelplc.com
- Post: Casa Borgo, 26, Market Str, Floriana FRN 1082

If you wish to address the Company's Data Protection Officer directly, you may do so by:

- Telephone: (+356) 2759 5000 (ext: 601)
- E-mail: dpo@citadelplc.com
- Post: DPO, 170 Pater House, Psaila Str, B'Kara BKR 9077

Purposes and Legal Bases for Processing

The personal data provided by you on this proposal form or subsequently, whether in writing or orally, is necessary to perform the contract of insurance and/or to take steps at your request prior to entering into the contract. The Company will process such data to assess risk, underwrite and issue present and future contracts of insurance, collect premiums, assess and respond to your queries, and transfer data to and receive data from other insurance and reinsurance companies to underwrite your contract of insurance. The Company may process your data to carry out due diligence, where necessary, and to prevent, detect, suppress and/or report insurance fraud or any other criminal activity, as required by law. The Company may also process your data to establish, exercise and/or defend itself in legal action, to carry out research and compile statistics, perform actuarial science, and to protect its data systems, thus protecting its legitimate interests.

Recipients of the Data

Your personal data will be received by the Company, or an intermediary on the Company's behalf, and it may be disclosed or shared, **only as is strictly necessary in accordance with the purposes outlined above**, with the Company's employees, subsidiaries, associates, intermediaries, joint controllers, the Company's external actuaries, consultants, legal advisors, auditors, risk assessors, loss adjusters and surveyors, repairers, healthcare and other medical institutions and professionals, banks, credit referencing agencies, risk intelligence agencies, the Malta Insurance Association and other Insurance and reinsurance companies, other professionals, and public, legal and/or judicial authorities. The Company may also disclose your data to third parties if it is called upon to do so by a competent authority, or by a Court or tribunal, only to the extent required and allowed by law.

Retention Period

The Company makes every effort to store personal data only for as long as it is necessary for the purposes outlined above. If the Company does not provide you a quote on your proposal, or provides you a quote which you do not accept, the Company will store the data provided by you for five (5) years. If a policy is issued, further information on retention periods will be provided in your policy document.

You have the right to:

- Acquire access to your data, including confirmation from the controller as to whether data about you is being processed and to receive further information about that processing;
- Amend inaccurate personal data ;
- Request the erasure of data processed about you, on the basis of certain grounds, such as where the data is no longer necessary for the purposes for which it was collected or where consent for processing that requires consent has been withdrawn, among other grounds;
- Request the data controller to restrict its processing activities on your data, on the basis of certain grounds, such as where the accuracy of the data is contested;
- Receive the personal data provided by you in a structured, commonly used and machine-readable format or to request that such data be transferred in such format to another data controller;
- Withdraw your consent to processing that is based on your consent, such as direct marketing;
- Lodge a complaint with the Office of the Information and Data Protection Commissioner in Malta, which can be made on their website;
- Object to processing that is carried out for the legitimate interests of the controller, by reference to your specific situation. You may, at all times, object to direct marketing.

Should you wish to exercise any of your rights, you may do so by contacting us, our DPO, or visiting our website.

Important Information

The information that you provide is necessary for the performance of your contract of Insurance, or to take steps at your request prior to entering into a contract. Failure to provide the Company with information as necessary throughout the lifetime of your policy might render the Company unable to fulfil its obligations under your contract.

The Company engages in insurance industry standard profiling, wherein the assessment of risk is partially made by automated means. However all final decisions which produce any legal effects on data subjects, including without limitation, the decision on whether to underwrite a risk and issue a contract of insurance, are taken with human intervention.

If you are acquiring a quote or an insurance policy through an insurance broker, such broker may be considered a joint controller.

If your policy has been issued, a more detailed data protection notice will be provided in your policy document.

Keep me posted - Proposer

Do you wish to keep yourself updated with our products?

Proposer: Yes

No

Joint Proposer: Yes

No

Proposer's Name & Surname _____ Signature _____ Date _____

Joint Proposer's Name & Surname _____ Signature _____ Date _____

Initials: Proposer _____ Joint proposer _____

Life/Lives Insured Declaration

(N.B. This section needs to be completed if the lives insured are different from the applicant/proposer)

1. I/We have read and agree to the Data Protection Notice, the Declaration and Important Information relating to my/our rights.
2. I/We declare that I/we consent to my life/our lives being insured as stated in the Policy Details section.
3. I/We am/are aware that the applicable policy conditions allow me/us to revoke my/our consent in which case, I/we shall accordingly inform in writing Citadel Insurance p.l.c. and the proposer/policyholder.
4. I/We consent to the assignment/pledge of the policy and the designation of the beneficiary/beneficiaries under the policy.
5. I/We further confirm that the information provided is to the best of my/our knowledge true, accurate and complete.
6. I/We have read and consent to the collection, use and disclosure of my/our personal information as set out in the Data Protection Notice.

Keep me posted - Life insured

Do you wish to keep yourself updated with our products?

Life insured: Yes No Joint Life insured: Yes No

Name & Surname Life Insured _____ Name & Surname Joint Life Insured _____

Signature _____ Date _____ Signature _____ Date _____

FATCA

The United States enacted rules, commonly referred to as 'FATCA', that generally impose a new reporting regime and withholding requirements with respect to certain US source payments, gross proceeds from the disposition of property that can produce US source interest and dividends and certain payments made by, and financial accounts held with, entities that are classified as financial institutions under FATCA. The United States has entered into an intergovernmental agreement with Malta dated 6 December 2013 regarding the implementation of FATCA with Malta.

Under FATCA Citadel as a Maltese financial institution, for FATCA purposes, needs to collect certain information about the policyholder tax related information. Citadel may also need to provide information on accounts held by US persons to the Maltese Inland Revenue Department who in turn may exchange it with US tax authorities.

In order to establish whether your account should be reported under FATCA, Citadel needs to obtain from you signed declarations in which you will be able to declare and confirm your status to us.

FATCA is particularly complex. The Policyholder should consult his own tax advisor to obtain a more detailed explanation of FATCA and to learn how it might affect such holder in his specific circumstance.

CRS

The Common Reporting Standard (CRS) is another legislation which is also aimed at combating and reducing tax evasion, which is however not limited to the United States like FATCA. CRS was implemented into Maltese legislation and came into effect from 1st January 2016.

Under CRS Citadel needs to collect certain information about the policyholder tax status, which will enable us to determine your tax residency.

If your tax residency is not Maltese we may be required to provide details, including information relating to your accounts held with Citadel to the Maltese Inland Revenue Department who may in turn exchange that information with tax authorities of the jurisdiction where you are tax resident.

Politically Exposed Persons (PEP)

A politically exposed person is defined as someone who has been or is entrusted with a prominent public position by the state (Head of State, Head of Government, Member of Parliament, Member of the Judiciary, Ambassador etc) or holds a similar position within an EU institution or an international body and/or an immediate family member of this person including a spouse, partner, child and their spouse and/or parents, and/or known close associate of this person who may include an individual known to have joint beneficial ownership of a legal entity or legal arrangement or other close business relations with persons, or who may have sole beneficial ownership of a legal entity or legal arrangement set up for the benefit of this person. A politically exposed person is considered as such for up to 12 months after termination of office.

As part of our due diligence requirements, please tick as appropriate:

	Proposer	Joint proposer
Are you a PEP?		
I confirm that I am a Politically Exposed Person	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that I am NOT a Politically Exposed Person	<input type="checkbox"/>	<input type="checkbox"/>

Initials: Proposer _____ Joint proposer _____



SEPA DIRECT DEBIT MANDATE

SEPA Identifier: MT41ZZZ019623436T

By signing this mandate form, you authorise (A) Citadel Insurance p.l.c. (Citadel) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Citadel. Your rights regarding this mandate are explained in a statement that you can obtain from your bank. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Instruction to your Bank to pay by Direct Debit

Please complete the fields below in **BLOCK CAPITALS** and **BLACK INK** to instruct your bank to make payments directly from your account.

Creditor Details: **Citadel Insurance p.l.c, Casa Borgo, 26, Market Street, Floriana FRN1082, Malta.**

For Office use: Citadel Policy Number _____ Unique Mandate Identifier _____

Policyholder Address _____

City _____ Postcode _____ Country _____

I would like my premiums to be deducted every 1 month 3 months 6 months year

Type of payment recurrent one-off

Account Holder(s) Name & Surname _____

Bank Name _____

Bank address _____

IBAN Number

BIC Number

I/we will inform Citadel in writing if I/we wish to cancel this mandate.

Name of Account Holder(s)	Signature of Account Holder(s)	ID Card / Passport No	City/Town in which you are signing	Date & Time
				DD / MM / YYYY HH:MM DD / MM / YYYY HH:MM

Please return this mandate form to Citadel Insurance p.l.c., Casa Borgo, 26, Market Street, Floriana FRN 1082 Malta.

For Bank use only:

Signature authenticated by: _____ Bank stamp: _____

CITADEL INSURANCE PLC

INTRODUCTION CERTIFICATE

(To be completed by a person carrying out relevant financial business and subject to the Prevention of Money Laundering & Funding of Terrorism Regulations, 2018)

	First Applicant	Second Applicant
Title Name & Surname:	_____	_____
Address Line 1:	_____	_____
Address Line 2:	_____	_____
Address Line 3:	_____	_____
Address Line 4:	_____	_____
Town	_____	_____
Post code	_____	_____
Country	_____	_____
Identity Card/Passport:	_____	_____

I/WE HEREBY CONFIRM AND CERTIFY (MARK WHERE APPROPRIATE):

That in accordance with the provisions of the Prevention of Money Laundering and Funding of Terrorism Regulations, 2018, and the Guidance Notes issued by the Malta Financial Services Authority, I/we have **established and verified** the identity of the Applicant **and** the principal (where applicable) and for this purpose, I/we are attaching the required identification documentation with this Proposal Form.

I/WE ALSO CERTIFY THAT:

- the Applicant is acting on his/her own benefit; **OR**
- the Applicant is acting on behalf of a principal who is an individual; **OR**
- the Applicant is acting on behalf of a principal which is an unincorporated body; **OR**
- the Applicant is acting on behalf of a principal which is an incorporated body.

OR

That the identity of the Applicant **and/or** the principal (where applicable) was NOT **established and/or verified** due to the following reasons:

DETAILS AND DECLARATION OF LICENSE/ AUTHORISATION

Tied Insurance Intermediary Staff Insurance Broker Other _____

1. Did you see:

- a) the proposed life/lives insured? yes no
- b) the Applicant/s when the application was completed? yes no

2. Are you related to either the proposed life/lives insured or the Applicant/s ? yes no

If yes, what is the relationship? _____

Signature _____ Name and Surname of Signatory _____

Date _____ Company _____

Citadel Insurance p.l.c. *Branches:*

Haż-Żebbuġ | 2146 4873

Il-Gżira | 2133 2151

In-Naxxar | 2141 9198

Il-Mosta | 2143 8880

Iż-Żejtun | 2180 7779


Paola | 2180 6247

Il-Mellieħa | 2152 5232

San Ġwann | 2733 0044

Victoria, Gozo | 2156 6660



 Floriana | 2557 9000 - Freephone | 800 72322

 info@citadelplc.com

 citadelplc.com

Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

Branches: Haż-Żebbuġ • Il-Gżira • Il-Mosta • In-Naxxar • Iż-Żejtun • Paola • San Ġwann • Il-Mellieħa • Victoria, Gozo

Citadel Insurance p.l.c. is a company authorised, under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.