



# GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard | LIGUANEA Sovereign Ctr. | DOWNTOWN Duke Street | MANDEVILLE Midway Mall | MONTEGO BAY Fairview Shopping Ctr. | PORTMORE Portmore Town Ctr.  
 Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkinfo@gkco.com | Website: www.gkgeneral.com

## CUSTOMER INFORMATION UPDATE FORM

### Duty to Disclose

When answering the questions on this form, you must be honest and truthful. You have a duty under the law to tell us anything known to you which is material to the questions asked as those answers will guide us in deciding whether to insure you or anyone else to be insured under the policy and on what terms. If you are in any doubt as to whether a fact is relevant you should state it. If you do not comply with these duties and answer our questions honestly, the Company will be at liberty to treat your Policy as if it never existed and refuse to pay any claims you make under it. Your duty to make full and frank disclosure occurs: (1) at the time of proposing for insurance. (2) during the currency of the policy, if there are any changes or variation in the information given and (3) at each renewal

Policy No: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

### **KINDLY COMPLETE IN BLOCK CAPITALS**

#### Customer Name Change

If your name is incomplete, spelt incorrectly in our database or has changed, e.g. by marriage/deed poll, please print as it should appear on your account and provide proof of the change.

Title \_\_\_\_\_ Full Name \_\_\_\_\_  
 (First) (Middle) (Last)

Update Customer Signature \_\_\_\_\_  
 Kindly indicate new signature on this line

#### Update Customer Employment Information

Occupation/Trade/Profession \_\_\_\_\_

Self-Employed  Yes  No 'Trading As' Name (if Applicable) \_\_\_\_\_

Employer's Business \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

#### Update Account/Policy Mailing Address/Mailing Instructions

If you would like to receive communication from us electronically and be categorised as a **GO GREEN** Customer, please print as it should appear in our system.  
**NB:** This gives consent to GK GENERAL sending Renewal Notices and other forms to communication by electronic means or in such electronic form as deemed fit. Any communication sent on any business day before 5:00p.m. shall be regarded as received on such business day and if communication is sent after 5:00p.m. on any business day, it shall be treated as received on the next business day.

	Insured's Name	Policy Number	New Mailing Address (please provide current proof – no older than 3 months)	New Mailing Instructions
1				<input type="checkbox"/> Mail <input type="checkbox"/> Overseas <input type="checkbox"/> Hold <input type="checkbox"/> Email to _____
2				<input type="checkbox"/> Mail <input type="checkbox"/> Overseas <input type="checkbox"/> Hold <input type="checkbox"/> Email to _____
3				<input type="checkbox"/> Mail <input type="checkbox"/> Overseas <input type="checkbox"/> Hold <input type="checkbox"/> Email to _____

**Update Director/Signatory and Shareholder Information**

Authorised Signatories/All Directors:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Home Address: \_\_\_\_\_

*(if additional space is required, please attach sheet with information to this form)*

Shareholders with a 10% or more shareholding:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Percentage: \_\_\_\_\_

*(if additional space is required, please attach sheet with information to this form)*

**Update Customer's Residential Address** *(please provide current proof – no older than 3 months)*

Parish/City \_\_\_\_\_ Country \_\_\_\_\_

**Update Contact Information**

Contact No [H] \_\_\_\_\_ [W] \_\_\_\_\_ [M] \_\_\_\_\_ [Fax] \_\_\_\_\_

Preferred Method of Contact  Telephone (H,W,M) \_\_\_\_\_  Fax  Email  SMS

Contact Person's Name \_\_\_\_\_ Phone No \_\_\_\_\_

Contact Person's Address \_\_\_\_\_

**Update GK Value Rewards (GKVR) Number:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

\_\_\_\_\_  
Internally Checked & Updated By