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By completing this form, you consent to the use of your data as outlined below:

Data Retention: We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.

Data Usage: During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.

Data Security: We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.

Data Sharing: We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.

Your Rights: You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at <https://www.ironrockjamaica.com/customer-care/privacy-and-security/>

I consent to the data privacy terms above: _____

CUSTOMER INFORMATION FORM INDIVIDUAL - NEW AND RENEWAL

Dear Customer, We are required by law to collect and maintain your most current information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

Surname	First Name	Middle Name(s)	Other Names/Alias
Date of Birth	Place of Birth	Nationality	Mother's Maiden Name
TRN Number (if DL is not being used)	Driver's License #	Class	Original Date
Expiry Date	ID Type (DL, PP, Nat ID, Other)	ID Number	ID Expiration Date
Home Address (Street Number and Name)		Town/Postal Zone	Parish/Country
Mailing Address (if different from above)		Town/Postal Zone	Parish/Country
Home Number	Work Number	Mobile Number	Email
Occupation (not acceptable: businessman/woman or self-employed)		Nature of Business (if self-employed)	
Name of Employer		Business Phone	Fax
Employer Address (Street Number and Name)		Town/Postal Zone	Parish/Country
Source of Funds		Marital Status (Single / Married / Separated / Widowed)	

Have you or any relative or close associate been entrusted with prominent public functions
(e.g. Member of Parliament, Senate or Mayor, Senior Government Official, Judiciary, security forces)

Yes No

If Yes, state the type of public office:

If Yes to the above, give the Name and Address of Spouse and Children:

Name of Child or Spouse	Relationship	Address of Child or Spouse

**Spouse includes common law husband or wife*

Reference 1		Reference 2	
Full Name		Full Name	
Occupation		Occupation	
Relationship	Contact Number	Relationship	Contact Number

DISCLAIMER: Private information will not be disclosed to a third party without your consent, unless the Company is properly required to do so by the Financial Services Commission, or the Company is so ordered by a court of competent jurisdiction or other due process of law.

I declare that the information given above is correct to the best of my knowledge and belief and any misrepresentation can render the insurance of no effect.		I declare that the information given above has been verified by original documents to ensure the veracity of the information given.	
_____	_____	_____	_____
Insured's Signature	Date	Customer Service Rep. Signature	Date
THIS SECTION IS ONLY APPLICABLE IF AN AGENT IS COMPLETING THE FORM ON BEHALF OF THE CLIENT			
Agent's Last Name		Agent's First Name	Agent's Middle Name
Nationality		Address (Street Number and Name, Town, and Parish/Country)	
ID Number & Expiration Date		ID Type (DL, PP, Nat ID, Other)	Tax Registration #

NB: Please Submit the Following

- A Power of Attorney or a letter duly notarised.
- Proof of Address
- Picture identification (insured and agent, where applicable)
- TRN (if a driver's licence is not being used)