



## AML Data - Additional Details Required on Renewal of your Medical Insurance Policy - Groups

### 1) Declaration

We are required by the UAE Federal Insurance Authority to collect information about any members who have a connection with any politically exposed person (PEP).

A PEP is a natural person who has been entrusted with prominent functions in a foreign country, such as head of state, member of the royal family, prime minister, senior politician, senior government official, judicial or military official, senior executive of state-owned enterprises, prominent political figures, or persons who have been entrusted with prominent positions at international organizations.

1. Has there been any change in your company's Shareholders, Manager(s) and Directors during the last policy period or has there been a new association whereby the Shareholder, Manager(s) and Directors have attained the status of a Politically Exposed Person or is related to a Politically Exposed Person? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b> , ignore the remaining section of the application and sign the declaration section at the bottom of this form.				
2. Are any of the existing or new Shareholders, Directors or Managers a Politically Exposed Person or is related to a politically exposed person, which took effect in the previous policy period? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <b>Yes</b> to any of the above question, complete the information below:				
Name of PEP	Name of the Shareholder/Director and Manager who is related to the PEP	Nature of PEP (e.g. Head of State, Prime Minister etc.)	Nationality of PEP	Current Residential address of PEP
Please use additional sheet if required.				

### Please Retain a Copy for Your Records

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Al Ain Ahlia and Aetna do not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to [www.AetnaInternational.com](http://www.AetnaInternational.com).

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Al Ain Ahlia and Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policies are underwritten by Al Ain Ahlia Insurance Co. (PSC), incorporated under the Abu Dhabi by Act 18 of 1975, Insurance Registration No. 3 of Law No. 6 of 2007 concerning the establishment of UAE Insurance authority and its regulations, and administered by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 6380, Dubai, UAE.

**2) Shareholder Details of the Company**

**I. Existing Shareholders\*:**

Sr. No.	Name of the Shareholder	% of Shares held in the Company	Nationality	Passport Number/Trade License Number	Current Address

In case the shareholder is a company kindly provide details of the Ultimate Beneficial Owner (UBO)

**II. New Shareholders\*:**

SI. Number	Name of the Shareholder	% of Shares held in the Company	Nationality	Passport Number/Trade License Number	Current Address

In case the shareholder is a company kindly provide details of the Ultimate Beneficial Owner (UBO)

**3) Director/Manager details of the Company**

**I. Existing Directors\*:**

SI. Number	Name of the Director/Manager	Nationality	Passport Number	Current Residence

**II. New Directors\*:**

SI. Number	Name of the Director/Manager	Nationality	Passport Number	Current Residence

\*In case you are unable to complete the above information as part of the form, please provide this in a separate page.

**The Amended MOA and AOA of the Company should be enclosed along with this Form.**

Signature of the Client	Date
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