



# Shareholder Replacement Payment Request

This form must be completed in full.

## 1. Shareholder information

Shareholder registration name(s)*: <input type="text"/>			
Contact name (if different than above): <input type="text"/>			
Residential address: <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>
Proof of identity attached (photo ID): <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport		Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail	

\*Name as it appears on the share certificate(s)/notices.

## 2. Bank information

**i** The bank account must include the name of the shareholder (single or joint account). The account must be based in Bermuda and payable in Bermuda dollars only.

Account name:	<input type="text"/>
<input type="checkbox"/> HSBC account number:	<input type="text"/>
<input type="checkbox"/> BNTB account number:	<input type="text"/>
<input type="checkbox"/> Clarien account number:	<input type="text"/>

## 3. Dividend replacement details

Date issued (dd-mmm-yyyy)	Amount	Cheque number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Authorisation and declaration

### Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data in accordance with BF&M's privacy policy ([bfm.bm/privacy](http://bfm.bm/privacy)).
- I understand that I may withdraw my consent at any time by email to [privacy@bfm.bm](mailto:privacy@bfm.bm) but that may impact BF&M's ability to provide insurance or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for BF&M to process their personal information in line with the privacy notice.

**ACCEPT TERMS**

Name:	<input type="text"/>
Sign:	<input type="text"/>
Date (dd-mmm-yyyy):	<input type="text"/>