**SHAREHOLDER APPLICATION**

**& INFORMATION FORM**

**SECTION I**

Please provide the following information as it is to appear on your (re)insurance policy.

NAMED INSURED:

PRINCIPAL ADDRESS:

STATE & COUNTRY

OF REGISTRATION:

(if different)

PHONE #:       FAX #:

NAMED ENTITY (if applicable):

PRINCIPAL ADDRESS:

STATE & COUNTRY

OF REGISTRATION:

PHONE #:       FAX #:

**SECTION II**

Please provide the name and details of the Company that will be the Shareholder (the Company to be listed on the OCIL Share Certificate).

SHAREHOLDER:

PRINCIPAL ADDRESS:

STATE & COUNTRY

OF REGISTRATION

(if different)

PHONE #:       FAX #:

**SECTION III**

Please provide the name of the OCIL Shareholder Representative and at least one Alternate Representative and their details. The OCIL Shareholder Representative is OCIL's primary contact and will receive all correspondence sent by OCIL, including information for the Annual General Meeting.

**SHAREHOLDER REPRESENTATIVE:**

Full Name:       Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:

Title:

Residential Address:

Telephone No.:       Fax No.:

Email Address:

**ALTERNATE REPRESENTATIVE 1:**

Full Name:       Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:

Title:

Residential Address:

Telephone No.:       Fax No.:

Email Address:

**ALTERNATE REPRESENTATIVE (Optional):**

Full Name:       Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:

Title:

Residential Address:

Telephone No.:       Fax No.:

Email Address:

**PERSON COMPLETING THIS FORM[[1]](#footnote-1):**

 Signature

 Print Name (in full)

 Title

 Company

 Click or tap to enter a date.

 Date

1. This form must be executed by a director or officer of the applicant shareholder, or any other person duly authorized to sign the same on behalf of the applicant shareholder. [↑](#footnote-ref-1)