

(1)

KNOW YOUR CUSTOMER FORM (Individuals)

Please use block capitals and tick as applicable

IDENTIFICATION DETAILS		
SURNAME:		FIRST NAME:
OTHER NAMES:		TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) _____
ALIAS (if any)		DATE OF BIRTH (dd/mm/yyyy):
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widow(er)		
NATIONALITY:	COUNTRY OF RESIDENCE:	COUNTRY OF BIRTH:
PROOF OF IDENTITY: At least one(1) of the following forms of identification must be provided, please tick <input checked="" type="checkbox"/> as applicable and provide the corresponding number <input type="checkbox"/> National Identification Card Id Card # _____ <input type="checkbox"/> Driver's Licence Licence # _____ <input type="checkbox"/> Passport Passport # _____ <input type="checkbox"/> Other (please specify) _____ Other # _____		
AFFILIATION WITH GOVERNMENT/MILITARY/STATE OFFICIALS: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please provide details)		
CONTACT DETAILS		
PERMANENT RESIDENTIAL ADDRESS:		
TELEPHONE: [home] <i>Please include area code</i>	[work]	[cell]
EMAIL ADDRESS:		Fax: <i>Please include area code</i>
PROOF OF ADDRESS : Please indicate which of the following documents has been attached <input type="checkbox"/> Phone Bill (fixed/mobile) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other (please specify) _____		
EMPLOYMENT DETAILS		
OCCUPATION:		
EMPLOYER NAME :		
ADDRESS:		
SOURCE OF FUNDS		
ORIGIN OF MONEY PAID TO POLICY (if single or combined premium is greater than BDS \$10,000):		
SIGNATORY NAME (If different from above):		
SIGNATURE:	DATE:	

FOR OFFICIAL USE ONLY

POLICY #(s):

RENEWAL DATE:

(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED

REVIEWED BY :

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____