

**KNOW YOUR CUSTOMER (KYC) FORM**

Individual



**A. PERSONAL DETAILS**

<b>1 Surname</b>							
<b>2 First Name</b>							
<b>3 Middle Names</b>							
<b>4 Gender</b>	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>Telephone No.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5 Date of Birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>6 Nationality</b>							
<b>7 Office Address</b>							
<b>8 Residential Address</b>							
<b>9 Occupation</b>							
<b>10 Email Address</b>							
<b>11 Proposed Insurances</b>							
<b>12 Name/Address of Bankers</b>							

<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Retired
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Student
<input type="checkbox"/> Private Business	<input type="checkbox"/> Housewife
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Others (Please specify) <input style="width:200px;" type="text"/>

**B. BANK DETAILS**

<b>1 Name of Bank</b>							
<b>2 Address</b>							
<b>3 Account Number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**C. ADDITIONAL INFORMATION**

<b>1 Expected source of income or fund for payment of premiums under the transaction</b>							
<b>2 Will premium likely be paid by anyone else for you or on your behalf?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If yes, please complete another KYC form in respect of the person or body</b>				
<b>3 Have you moved house in the last 12 months? If so, state previous house address as well</b>							
<b>If a referral: please state source</b>							

**D. DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my Knowledge and belief and I undertake to inform you of any changes therein.

**Name & Signature** Date

<b>Please Attach the following Documents;</b>	<b>FOR OFFICIAL USE ONLY</b>
---	------------------------------

<p>1 Birth Certificate or sworn affidavit/Current International passport/Current Driving License/National Identity Card/Tax Clearance certificate/Voters Crd</p> <p>2 Current/Recent Utility Bill(PHCN,Water rate,etc)</p> <p>3 Current Residence Permit issued by Immigration Authorities (for expatriate &amp; Non-residents)</p>	<p><input type="checkbox"/> Birth Certificate or sworn affidavit/Current International passport/Current Driving License/National Identity Card/Tax Clearance certificate/Voters Crd</p> <p><input type="checkbox"/> Current/Recent Utility Bill(PHCN,Water rate,etc)</p> <p><input type="checkbox"/> Current Residence Permit issued by Immigration Authorities (for expatriate &amp; Non-residents)</p>
---	--

**Signature** Date

*\*Please note that Stanbic IBTC insurance Brokers operate a "No Cash Collection" policy*