

KNOW YOUR CUSTOMER FORM (CORPORATE)

Fields with (*) are compulsory

SECTION 1: CUSTOMER DETAILS

IDENTIFICATION DETAILS			
* COMPANY NAME			
* COMPANY ADDRESS			
* PHONE NO	E-MAIL		* INCORPORATION/RC NUMBER
*INDUSTRY		* TAX IDENTIFICATION NUMBER (TIN)	

SECTION 2: DIRECTORS INFORMATION

TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: (please specify) _____													
* SURNAME:		* FIRST NAME:											
* OTHER NAME:		* DATE OF BIRTH <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> GENDER <table border="1"><tr><td>M</td><td>F</td></tr></table>		D	D	M	M	Y	Y	Y	Y	M	F
D	D	M	M	Y	Y	Y	Y						
M	F												
* PHONE NO:		EMAIL:											
* MEANS OF IDENTIFICATION:		* IDENTIFICATION NO:											

SECTION 3: DECLARATION

I/We hereby declare that the statements, answers given by Me/Us are true and complete to the best of my/our knowledge and belief. I/We hereby understand and agree that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.

SIGNATURE

DATE

FOR OFFICIAL USE

NAME OF OFFICER

SIGNATURE

DATE

APPROVAL

SIGNATURE

DATE