Consolidated Hallmark
Anxiety Away, Value Assured

Consolidated Hallmark Insurance House
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Obanikoro
Lagos
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info@chiplc.com. http://www.chiplc.com

KNOW YOUR CUSTOMER FORM (INDIVIDUAL)

Fields with (∗) are compulsory

SECTION 1: CUSTOMER DETAILS

IDENTIFICATION DETAILS

TITLE: ☐ Mr. ☐ Mrs ☐ Miss ☐ Ms ☐ Other: (please specify) _____

∗ SURNAME: | ∗ FIRST NAME:

∗ OTHER NAME: | ∗ DATE OF BIRTH D D M M Y Y Y Y | ∗ GENDER M F

MARITAL STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

∗ CONTACT ADDRESS:

∗ PHONE NO: | EMAIL ADDRESS: | ∗ OCCUPATION:

∗ MEANS OF IDENTIFICATION

At least one (1) of the under listed form of identification must be provided, please tick ☑ as applicable and provide the corresponding number

☐ National Identification Card _____
☐ Driver's Licence _____
☐ International Passport _____
☐ Voters Card _____
☐ Other (please specify) _____

BVN _____

SECTION 2: DECLARATION

I/We hereby declare that the statements, answers given by Me/Us are true and complete to the best of my/ourknowledge 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