

STANDARD KNOW YOUR CUSTOMER (K.Y.C) FORM FOR CORPORATE CLIENTS

Applicant Name

Account Officer

Branch (Unit)

Date

Name of firm/institution:

Type of Business

Date of Incorporation

RC No

Indigenous

Foreign

Operating Business Address

State

Country

Operating Business Phone

Email

Tax Identification Number (TIN)

PROPOSED COVER DETAILS

Type of cover

Period of Cover (1-6 months)

Full Cover (6 -12 months)

Above 1 Year (Specify)

VALUE OF PROPERTY/COVER/INSURANCE

CUSTOMER FINANCIAL DETAILS

Source of funds

Source of funds

MODE OF PAYMENT

Cheque

Bank Lodgement

Transfer

Signature

Date