**KNOW YOUR CUSTOMER (KYC) FORM**

1. Indicate one (1) Policy Number:………………………………………………………………………………….
2. Name of Company: ……………………………………………………………………………………………………………………………………….
3. Office Address:………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………..

1. Tel. No.: Landline:…………………………………. Fax:…………………………………..….. GSM:…………………………………………
2. Website:……………………………………………………………… E-mail:……………………………………………………………………………
3. (a) Date of Registration:………………………………………… (b) Incorporation No:…………………………………………………
4. Nature of Business:……………………………………………………………………………………………………………………………………….
5. Name/Address of Bankers:…………………………………………………………………………………………………………………………..

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1. Name/Address of Auditors:……………………………………………………………………………………………………………………………

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1. Names/Address Directors of the Company:…………………………………………………………………………………………………

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1. Documents to be submitted:
2. Certificate of Incorporation/Registration
3. Memorandum & Article of Association
4. Form CO2
5. Form CO7
6. Copy of authorization to operate from relevant regulatory bodies