



KNOW YOUR CUSTOMER

FORM KYC01 (CORPORATE)

PARTY NAME:

(NB: NAME MUST BE CLEARLY WRITEN IN CAPITAL LETTER AND AS IT APPEARS ON THE LETTER HEAD)

RC. NO......

TAX IDENTIFICATION NO......**(COMPULSORY)**

SELECT PARTY STATUS:

BROKER AGENTS INSURANCE REINSURANCE CORPORATE INSURED

REGISTERED ADDRESS:

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(NB: ADDRESS MUST BE CLEARLY WRITEN IN CAPITAL LETTER AND NOT P.O. BOX)

STATE: **LGA:**

NATURE OF BUSINESS/OCCUPATION:

CONTACT PERSON/ADDRESS: *(If not the same with the one above)*

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LOCATION OF RISK:

PHONE NUMBER(S):

EMAIL ADDRESS:

(NB: EMAIL ADDRESS MUST BE VALID)

INSUREED SIGN/DATE:

Official Use Only

MARKETER/AGENT NAME:**UNIT**.....**SIGN/DATE:**

VERIFIED BY:**SIGN/DATE:**

AUTHORISED BY:**SIGN/DATE:**

CREATED BY:**SIGN/DATE:**

SANCTION LIST CLEARANCE..... **PEP CLEARANCE**.....

GIP KYC01 : Drivers license/International Passport/National I.D card only acceptable as means of identification.