KYC INFORMATION



ML Card Number:	
ML Wallet Number:	
ML Wallet Username:	
First Name:	
Middle Name:	KYC PHOTO
Last Name:	
Birth Date:	
Place of Birth:	
Gender:	
Mobile Number:	
Telephone Number:	
Email Address:	
Current Address:	
Permanent Address:	
City:	Customer's Signature
Country:	
Nationality:	
Nature of Work:	
Profession:	
Company Name:	
Business Address:	
Government Issued ID:	
Government ID Number:	
Other ID:	Customer's Registered
ID Type:	Biometric
ID Number:	
Expiry Date:	

	KYC Created:	KYC Modified:
Branch		
Date and Time		
Operator		-
Branch		
Date and Time		
Operator		
Branch		
Date and Time		
Operator		

ID 1	ID 2
IOVO TOD	
KYC TOP	

KYC BOTTOM