

KNOW YOUR CUSTOMER (KYC)  
For New & Renewal Individual Customers

A. Identity of Applicant

Name: (Surname):			(First Name):			(Middle Name):																							
Maiden or Aliases (if applicable):																													
Gender:			<input type="checkbox"/> Male			<input type="checkbox"/> Female			Date of Birth: (DD)_____ (MM)_____ (YY)_____																				
Marital Status:			<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		<input type="checkbox"/> Separated		<input type="checkbox"/> Other																
Country of Birth:						Country of citizenship:																							
Specify Identification Submitted:									<input type="checkbox"/> Passport			<input type="checkbox"/> Voters ID Card			<input type="checkbox"/> Driver’s License			<input type="checkbox"/> MBS Card			<input type="checkbox"/> Soc. Sec Card			<input type="checkbox"/> Other					
ID No._____						Expiry:_____																							
Spouse’s Name: (Maiden):				(First Name):				(Middle Initial):																					
Date of Birth: (DD)_____ (MM)_____ (YY)_____																													
Are you currently or a Past Senior Government Official																		<input type="checkbox"/> Yes				<input type="checkbox"/> No							
Do you hold a prominent public office or are you a closely associated to any individual who is, or has at any time been associated with prominent public functions for a state or country (for example Heads of state or of Government), senior politicians, senior government official, judicial or senior military officials, senior executives of state owned businesses, political party officials, prominent individuals from international organizations, members of the legislature, judges and senior public servants including Permanent Secretaries, and Directors of statutory bodies, and family (Parents, Siblings, Spouse, Children, and in Laws) and close associates.																													
<input type="checkbox"/> Yes																										<input type="checkbox"/> No			

B. Applicant’s Address Details

Permanent Address:																																									
Address:													Parish/City:																												
Contact Details: Tel. (Res)_____ Tel. (cell)_____ Tel. (Off)_____ Fax._____																																									
Email:_____																																									
Mailing Address (if different from above):																																									
Address:													Parish/City:																												
Proof of Address provided: (Not more than 3 months old)																										<input type="checkbox"/> Phone Bill				<input type="checkbox"/> Insurance Co.				<input type="checkbox"/> Utility Bill				<input type="checkbox"/> Bank Statement			
<input type="checkbox"/> Cable Bill						<input type="checkbox"/> Voter’s ID						<input type="checkbox"/> Lease Agreement						<input type="checkbox"/> Other																							

C. Employer’s Details

Occupation/Business:																									
Name of Employer:																									
Address:																									
Contact Details: Tel:_____ Fax:_____ Email:_____ Website:_____																									

D. Other Sources of income (if applicable)

Nature of Other Income:																									
(Spousal Support/Inheritance/Gift/Gratuity/Redundancy Payment/Compensation Payment)																									
Other (Please Specify):																									

E. Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I understand to inform you of any changes therein, immediately. In the event any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.																									
Applicant’s Signature: _____													Date: (DD/MM/YY) _____												
<div><div><div>For Office Use Only</div><div><input type="checkbox"/>Originals Verified</div><div><input type="checkbox"/>Attested True copies of document</div><div>I hereby declare that the information given above has been verified by original document to ensure the correctness of the information given, where appropriate.</div><div><div></div><div></div><div></div><div>Name (print)</div><div>Employee Signature</div><div>Date: DD/MM/YY</div></div></div></div>																									
<div><div>Disclaimer</div><div>The personal data we collect are limited to information regarding our relationship with you as governed by our regulatory framework. We will not, in any circumstances, share your personal information with other individuals or organization without your permission, including public organizations, corporations or individuals, <b>except when applicable by law.</b></div></div>																									