



CUSTOMER VERIFICATION FORM (Individuals)

PLEASE USE BLOCK CAPITALS AND TICK AS APPLICABLE

IDENTIFICATION DETAILS		
SURNAME:		FIRST NAME:
OTHER NAMES:		TITLE: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>
ALIAS (if any):		DATE OF BIRTH (dd/mm/yy):
MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widow(er) <input type="checkbox"/>		
NATIONALITY:	COUNTRY OF RESIDENCE:	PLACE OF BIRTH:
NATIONAL IDENTIFICATION NUMBER:		PASSPORT NUMBER:
DRIVER'S LICENCE NUMBER:		OTHER (please specify):
AFFILIATION WITH GOVERNMENT/MILITARY/STATE OFFICIALS:		
PROOF OF IDENTITY: Two (2) of the following forms of identification must be provided, please tick <input checked="" type="checkbox"/> as applicable.		
National Identification Card <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____		
CONTACT DETAILS		
PERMANENT RESIDENTIAL ADDRESS:		
TELEPHONE: <i>Please include area code</i>		
[home] ()	[work] ()	[cell] ()
EMAIL ADDRESS:		FAX:
PROOF OF ADDRESS: (Full Copy is required) Please indicate which of the following documents has been attached.		
Fixed Line Phone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Water &/Sewage Bill <input type="checkbox"/> Bank &/or Credit Card Statement <input type="checkbox"/>		
EMPLOYMENT DETAILS		
OCCUPATION:		
EMPLOYER NAME:		
ADDRESS:		
Self Employed <input type="checkbox"/>		
TYPE OF BUSINESS: <i>(Please tick box and specify where necessary)</i>		
Attorney/Accountant <input type="checkbox"/> Financial Services <i>(specify)</i> <input type="checkbox"/> Retail <i>(specify)</i> <input type="checkbox"/> Real Estate <input type="checkbox"/> Construction <input type="checkbox"/>		
Import/Export <i>(specify)</i> <input type="checkbox"/> Distribution <i>(specify)</i> <input type="checkbox"/> Transport/Travel Agent <input type="checkbox"/> Dentist/Doctor <input type="checkbox"/> Other <i>(specify)</i> <input type="checkbox"/>		
<i>Specify:</i>		
SOURCE OF FUNDS		
ORIGIN OF MONEY PAID TO POLICY:		
EXPECTED LEVEL OF ACTIVITY (Average annual sum expected to be paid to policy):		
DATE:	PLACE:	
CUSTOMER NAME: (Please Print)	SIGNATURE:	



FOR OFFICIAL USE ONLY	
POLICY #(s):	(ORIGINALS VERIFIED) CERTIFIED COPIES RECEIVED <input type="checkbox"/>
REVIEWED BY:	
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____