



**LIBERTAS GENERAL INSURANCE COMPANY
LIMITED**

KNOW YOUR CUSTOMER (KYC) FORM

INDIVIDUALS FORM

CLIENT CODE:

SECTION 1 : (To be Completed by Individuals / Non Corporates only)

(A) Personal Details

Title :	Surname :
First Name :	Other Names :
Other Name :	Maiden Name : Gender: Male / Female (Please select)
Date of Birth :	Marital Status : Single / Married / Divorced / Widowed (Please select)
Nationality :	Status : Resident / Non-Resident (Please select)
ID Number :	Identification used : National Id / Passport / Drivers's Licence (Please select)

(B) Location and Contact Details

Postal Address :	Email Address :
Physical Address:	Plot / House No.: District :
Home District :	Home T/A: Village :
Cellphone No :	Phone No :

(C) Occupation Details

Occupation :	Employment Status: Employed / Self Employed (Please select)
Employer Name :	Employer Address : Empl. Date:
Employer Phone :	Employment Number :
Earnings/Month : (Please Select Earnings Category a,b or c")	(a) K 0 - K 500,000 (b) K 500,000.01 - K 1,000,000 (c) K 1,000,000.01 & Above

(D) Bank Details

Bank Name:	Account No.:	Branch:
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(E) Next of Kin

Full Name :	Relationship :
Email Address :	Cellphone No:

NOTE: * All Fields are mandatory

SECTION 2 : Mandatory Field

(F) Declaration

(a) I / We hereby confirm that all information is true, complete and accurate

(b) I / We hereby authorise Reunion Insurance Company and its designated agents and representatives to conduct credit reference checks regarding My / Our credit worthiness for the purpose of deciding whether to provide Insurances on credit. I / We further authorise any individual, firm, Company, Corporation, Organisation or public body to provide information regarding my / our credit worthiness to Reunion Insurance Company Limited and its designated agents and representatives.

Signature :	Date: / /	Place:
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