



**REUNION INSURANCE COMPANY LIMITED**

"Your First Class Insurer"

**KNOW YOUR CUSTOMER (KYC) FORM**

**CORPORATES FORM**

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

CLIENT CODE:

**(A) Company Details**

TPI Number :	Company Name :
Company Reg N :	Date of Incorporation:
Company Type :	Source of Funds :
Industry Type :	Company Ownership :
<i>Please attach memorandum of understanding &amp; Articles of Association</i>	

**(B) Location and Contact Details**

Postal Address :	Email Address :
Physical Address:	Plot / House No.:
District :	Status : Resident / Non- Resident <b>(Please select)</b>
Cellphone No :	Phone No :

**Industry related information guide**

Type : Pvt Co. LTD / Public LTD / Partnership / Trust / Charity / NGO / GVT Inst / Sole Proprietor / Others *(Please specify)*  
 Industry : Agriculture / Education / Financial / Legal / Engineering / Tourism / Other *(Please specify)*

**(C) Bank Details**

Bank Name:	Account No.:	Branch:
Bank Name:	Account No.:	Branch:

**(D) Contact Person**

Full Name :	Position :
Email Address :	Cellphone No:
Nationality :	Status : Resident / Non- Resident <b>(Please select)</b>
ID Number :	Identification used : National Id / Passport / Drivers's Licence <b>(Please select)</b>

**(E) Authorised Signatories**

Position :	Signature :
Position :	Signature :
Position :	Signature :

**NOTE: \* All Fields are mandatory accordingly to customer category**

**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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