



**REUNION INSURANCE COMPANY LIMITED**

"Your First Class Insurer"

**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 :
Date of Birth :	Marital Status : <i>Single / Married / Divorced / Widowed (Please select)</i>
Nationality :	Status : <i>Resident / Non-Resident (Please select)</i>
ID Number :	Identification used : <i>National Id / Passport / Drivers's Licence (Please select)</i>

**(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: <i>Employed / Self Employed (Please select)</i>
Employer Name:	Employer Address : Empl. Date:
Earnings/Month: <i>(Please Select Earnings Category a,b or c")</i>	<i>(a) K 0 - K 500,000 (b) K 500,000.01 - K 1,000,000 (c) K 1,000,000.01 &amp; Above</i>

**(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: