

KNOW YOUR CUSTOMER FORM (KYC) - NON-MOTOR

For Corporate Clients & Institutions Only

IMPORTANT INFORMATION

1. An Agent who assists an applicant to complete an application or proposal or KYC form for insurance shall be deemed to have done so as an agent of the applicant in accordance with Section 54(2) of Insurance Act 2003.
2. The Liability of the company does not commence until this application is accepted and the premium is paid in accordance with Section 50(1) of Insurance Act 2003.
3. The Company does not accept physical cash; hence **DO NOT PAY CASH TO ANY AGENT OR STAFF OF THE COMPANY**

CORPORATE INFORMATION

Name of Firm/ Institution:	<input type="text"/>		
Address of Principal Place of Business Operation (Please do not indicate P.O.Box No.):	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Town:	<input type="text"/>	City:	<input type="text"/>
		State:	<input type="text" value="Where you live"/>
Country:	<input type="text"/>	Incorporation/ Reg No.:	<input type="text"/>
Date Incorporated/ Registered:	<input type="text"/>	Country of Incorporation:	<input type="text"/>
Type of Business:	<input type="text"/>		
Operating Business Telephone Number(s):	<input type="text"/>		
Email Address:	<input type="text"/>		
FAX (If available):	<input type="text"/>	Website URL (If available):	<input type="text"/>
Tax Identification Number (TIN):	<input type="text"/>		
Bank Verification Number (BVN):	<input type="text"/>		
Bank Account No:	<input type="text"/>	Bank Name:	<input type="text"/>
		Bank Branch:	<input type="text"/>
Risk Location Address (Where applicable):	<input type="text"/>		
	<input type="text"/>		
Type of Cover:	<input type="text"/>	Period of Cover:	<input type="text"/>
Value of Property/ Cover/ Insurance:	<input type="text"/>		
Beneficiary Owner(s) of the Company:	<input type="text"/>		
Beneficiary Payee(s) of Claims (if materialised):	<input type="text"/>		
Other Existing Policy(ies) if applicable:	<input type="text"/>		

Kindly attach the following documents along with the completed form:

Certified copies of:

1. Certificate of Incorporation;
2. Memorandum and Articles of Association;
3. Company's Registration Document - Form CO2, C07;
4. Means of Identification of the Directors/Signatory stated below as well as that of Beneficiary Owner(s) and,
5. Utility Bill showing the current address of the company.

DIRECTORS/ SIGNATORY PROFILE

Title (Please tick one):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Others	<input type="text" value="Specify other title(s) here"/>
Name (Surname First):	<div style="border: 1px solid #ccc; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> SURNAME FIRST NAME MIDDLE NAME </div> </div>	
Gender (Please tick):	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <div style="display: flex; gap: 5px;"> <div><input type="text" value="D"/></div> <div><input type="text" value="D"/></div> <div><input type="text" value="M"/></div> <div><input type="text" value="M"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> </div> Nationality: <input type="text"/>
Tax Identification No:	<input type="text"/>	Source of Wealth: <input type="text"/>
Bank Account Number:	<input type="text"/>	
Bank Verification Number (BVN):	<input type="text"/>	
Occupation:	<input type="text"/>	
Means of Identification:	<input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Card <input type="checkbox"/> National ID Card	
ID Number:	<input type="text"/>	ID Country: <input type="text"/> Issuing Date: <input type="text"/>
Expiry Date:	<input type="text"/>	

DECLARATION

I/We,, acknowledge that all answers and information provided in this form are correct, that I/we have not concealed or withheld any information from Custodian and Allied Insurance Limited (Custodian) that ought to be made acquainted in order to assess my/our eligibility for the contract.

I/We give my/our consent to Custodian to use my/our data, statements, and information for the purpose of the proposal, policy, and relationship and that I/we am/are aware of my/our right as a data subject as contained in the Privacy policy of the organization.

I/We agree that the information contained in this form is collected and may be kept for the purpose of automatic exchange of financial account information, and such information regarding the customer/applicant may be reported by the Custodian to the Regulatory Authorities in Nigeria and exchanged with the tax authorities of another jurisdiction(s) in which the customer/applicant may be residing.

Custodian uses the personal data collected from her clients for the intents and purposes for which it was collected.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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For more on our data privacy, visit the website link below: <https://custodianplc.com.ng/privacy-policy>

Authorized and Regulated By the National Insurance Commission. RIC No. 010 (G)