

KNOW YOUR CUSTOMER FORM (KYC) - MOTOR

INDIVIDUAL

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**

PERSONAL INFORMATION

Title (Please tick one): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Others

Name (Surname First):

Gender (Please tick): ☐ M ☐ F Date of Birth:

Contact Address:

Residential Address:

Town: City: State:

Country: Nationality: State of Origin:

Telephone No: Email Address:

Occupation: Bank Verification Number (BVN):

Are you a Politically Exposed Person or related to a Politically Exposed Person (PEP)? ☐ Y ☐ N

If related to PEP, please state the person's name:

IDENTIFICATION DETAILS

Type of Identification (Please select one below and attach a copy of the selected type of ID)

☐ International Passport ☐ Driver's License ☐ National ID ☐ Voter's Card ☐ Others

Identification Number: Country of Issue:

Issuing Authority: Date of Issue:

Date of Expiry: Residence Permit (for Non-Nigerian):

Source of Income:

Employers Name:

Employers Address:

Phone Number:

Bank Account Number:

Bank Name: Bank Branch:

IDENTIFICATION DETAILS

Risk Location Address (where applicable):

Type of Cover: Period of Cover:

Value of Property/ Cover/ Insurance:

Beneficiary(ies):

Other Existing Policy(ies) if applicable:

Make of Vehicle: Year of Manufacture:

Vehicle Registration Number: Mileage:

Chassis Number: Engine Number:

Attach a copy of your current utility Bill (ELECTRICITY, LAWMA or Water Rate). Please tick the copy attached:

Utility Bill (Please tick one): ☐ PHCN Bill ☐ LAWMA Bill ☐ Water Rate Bill

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: Date:

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)