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## **Know Your Customer (KYC) Form**

In line with NAICOM's directive on Anti-Money Laundry / Combating Financing Terrorism (AML/CFT) in respect of all insurance placements in Nigeria and our quest to deepen our relationship and serve you better, kindly provide us with the following information:

**Name:**

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**Office Address :**

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**Home Address (if individual) :**

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**Risk Address (if different from above) :**

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**Occupation/Business:**

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**RC Number:**

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**Telephone Number:**

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**Date of Birth:**

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**E-mail Address:**

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**Means of Identification: (Please provide clear copy & tick as applicable)**

National ID (  ) International passport (  ) Driver's License (  ) Certificate of Incorporation (  )  
Board Resolution to obtain Insurance (  )

**For Corporate body (contact person's details):**

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**Name:**

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**Telephone Number:**

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**E-mail Address:**

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### **Declaration**

I/We ..... declare that to the best of my/our knowledge and belief, the information supplied above is complete and true.

### **Consent**

I/We ..... consent to giving out my/our details to FBNIB and agree to the company's data privacy policy.

.....

**Date**

.....

**Signature**