



# ZENITH GENERAL INSURANCE COMPANY LIMITED

(A Subsidiary of ZENITH BANK PLC.)

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## KYC INFORMATION FORM FOR INDIVIDUAL CLIENTS

1. INSURED NAME:.....
2. POLICY NUMBER:.....
3. GENDER: MALE  FEMALE
4. ID TYPE: INTERNATIONAL PASSPORT  DRIVERS LICENCE  NATIONAL ID   
 OTHERS  (PLEASE SPECIFY).....
  - a. ID NUMBER.....
  - b. PLACE OF ISSUE.....
  - c. DATE OF ISSUE: (DD/MM/YYYY).....
  - d. ISSUING AUTHORITY.....
  - e. EXPIRY DATE :( DD/MM/YYYY) ..... (PLEASE PROVIDE COPY OF ID)
5. DATE OF BIRTH [DD/MM/YYYY].....
6. GSM NUMBER(S).....HOME PHONE.....
7. EMAIL ADDRESS:.....
8. MOTHER'S MAIDEN NAME:.....
9. RESIDENTIAL ADDRESS.....  
 LGA..... STATE.....
10. CONTACT ADDRESS.....  
 LGA..... STATE.....
11. OCCUPATION.....
12. EMPLOYMENT TYPE: EMPLOYEE  SELF EMPLOYED
13. EMPLOYERS DETAILS
  - a. EMPLOYERS NAME.....
  - b. EMPLOYERS ADDRESE:.....  
 .....PHONE.....
14. NATIONALITY:..... STATE OF ORIGIN:.....  
 LOCAL GOVERNMENT AREA..... HOME TOWN.....
15. PERMANENT HOME ADDRESS.....  
 .....

RELATIONSHIP OFFICER: NAME..... SIGNATURE/DATE.....