



KNOW YOUR CUSTOMER (KYC) FORM PROMOTER/ DIRECTORS / SHAREHOLDERS

SECTION 1 - PERSONAL DETAILS

Date of Submission

First Name

Last Name

Middle Name (Optional)

Mobile Number

Gender Female Male

Salutation Mrs. Ms. Miss. Mr. Dr. Prof.

Marital Status Single Married Divorced

If married, please provide spouse details:

Full Name of Spouse

Landline Number

Mobile Number

Email Address

Physical Address

Place Of Work

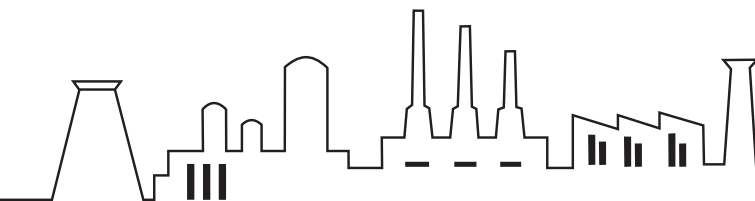
ID/Passport No.

ID Type ID Passport

Nationality

Language Preference

Physical Address



SECTION 2 – EMPLOYMENT DETAILS

Employer

Occupation

Landline number Email Address

SECTION 3 - NEXT OF KIN

Full Name

Mobile Number Email Address

Physical Address

Do you have any relations with persons occupying the below positions?

	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Nature of relationship
Minister	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Member of Parliament	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Senator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Senior Government Official	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Judge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CEO	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION

I hereby declare that to the best of my knowledge and belief that this is a true and correct statement.

Signed at (place) on (date)

Signed by Signature

