



**Customer Information Form
Individual**

Dear Customer,

We are required by law to collect and maintain your most current information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

Surname		First Name		Middle Name	
Other Names (including aliases)					
Mother's Maiden Name					
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>					
Date of Birth		Place of Birth		Nationality	
Home Address			Mailing Address (if different from home address)		
Telephone Numbers		Home	Mobile	Work	
Email Address					
Occupation ('businessman/ businesswoman or self-employed' is not acceptable)					
Nature of Business (if self- employed)					
Name of Employer/ Business			Address of Employer/Business		
			Telephone Numbers		Fax:
Identification Type: (DL, PP, Nat ID, Other)			ID Number:		
			Expiration Date:		
Source of Funds					

Tax Registration Number (if driver's licence is not being used)		
Have you or any relative or close associate been entrusted with prominent public functions (e.g. Member of Parliament, Senate or Mayor, Senior Government Official, Judiciary, Security Forces) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, state the type of public office:		
Address:		
If Yes to the above give the name and address of spouse and children		
Name of Spouse* _____	Address of Spouse _____	
Name of Child _____	Address of Child _____	
Name of Child _____	Address of Child _____	
Name of Child _____	Address of Child _____	
*Spouse includes common law husband or wife		
Client's Signature _____		Date _____
**this section is only applicable if an agent is completing the form on behalf of the client		
Agent's Last Name	Agent's First Name	Agent's Middle Name:
Agent's Address:	Date of Birth:	Nationality:
Identification Type & Number: (DL, PP, Nat ID, Other) state	Tax Registration Number:	
I declare that the information given above is correct to the best of my knowledge and belief and any misrepresentation can void the application.		
Agent's Signature _____		Date: _____
I declare that the information given above has been verified by original documents to ensure the veracity of the information given		
Signature of CSR/Compliance _____		Date _____

NB: The following documents are require for processing of your transaction

- Power of Attorney or a letter duly notarised (where application submitted by an agent).
- Proof of Address
- Picture identification (customer and agent, where applicable)
- TRN (if a driver's licence is not being used)