



CUSTOMER INFORMATION FORM

PERSONAL LINES - NEW AND RENEWAL

Policy Number (if any) _____

Customer's Name _____
Last First Middle Name

Otherwise Known as (aka) _____

Home Address _____

Mailing Address (if different) _____ Nationality _____

Contact #s _____
Home Work Cell

Date of Birth _____ E-Mail (if any) _____
dd/mm/yyyy

Mother's Maiden Name _____
Last First Middle initial

Occupation/Business _____ Any other source of income _____

Name and address of Employer _____

Identification: Type: _____ Number: _____
(DL, PP, Nat.ID, Other)

Expiry Date _____ TRN (required) _____
dd/mm/yyyy

Are you or relative/close associate holding a prominent public function (e.g. Political body, senior government, judiciary, security forces.) Yes
No

If Yes, describe: _____ AND give name and address of Spouse and Children

Spouse: Name _____ Address: _____
Last First MI

Children: Name 1. _____ Address: _____
Name 2. _____ Address: _____

(If additional space is required use the reverse side of this form.)

Where an agent of the applicant is providing the details for the application

Agent's Name _____
Last First Middle Name

Address _____

Date of Birth _____ TRN (required) _____
dd/mm/yyyy

Identification: Type: _____ #: _____
(DL, PP, Nat.ID, Other)

I declare that the information given above is correct to the best of my knowledge and belief.

Insured's Signature

Date: _____
dd/mm/yyyy

Customer representative signature

Date: _____
dd/mm/yyyy