

KNOW YOUR CUSTOMER- INDIVIDUAL FORMS

NB: PLEASE MAKE SURE YOU INITIALISE EVERY PAGE AND SIGN THE LAST PAGE.

PERSONAL DETAILS

Title:
First Name:
Second Name:
Last Name:
Date of Birth:
Identity Number:
Registration date (Being a member):
Marital Status:
Employment Date:
Nationality:
Postal Address:
Residential Address:
City/Town:
Mobile Number:
Email Address:
Home Village:
Ward:
Employer:
Section:
Occupation:
Department:

Are you a Prominent Influential Person (PIP)?

YES	NO
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PIP(Prominent influential Persons)

Are you a close associate or immediate member of the family of a PIP?

YES	NO
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Nature of relationship i.e Mother/Father/Son/Daughter/Sibling

Name (s) of the Prominent Influential Persons associated with

BANKING DETAILS

Bank Name:
Account Number:
Branch Name:
Account Type:
Source of funds:

NEXT OF KIN DETAILS

	Next of Kin 1	Next of Kin 2
Next of Kin Full Names:		
Date of Birth of the Individual:		
Address of the Individual:		
Identity No/ Birth Certificate No:		
Mobile Number:		
Relationship :		

BENEFICIARIES

	Full Names of the Beneficiary	Date of Birth	Address of the individual	Identity number/ Birth Certificate Number	Mobile Number	Relationship	Beneficiary allocation
Beneficiary 1							
Beneficiary 2							
Beneficiary 3							
Beneficiary 4							
Beneficiary 5							

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and believe and I undertake to inform you of any changes therein, immediately. In case the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.

Full names _____

Member's Signature _____

Date: _____

