



Vanguard Life Assurance Company

CUSTOMER DETAILS UPDATING FORM - 2019

This form is used to update existing/new customer information. Please fill out all the fields. Ask our Employee Benefits Consultant if anything is not clear. Please use DD/MM/YYYY for all dates.

CUSTOMER CATEGORY

- | | |
|--------------------------------------|--------------------------|
| 1. Sole Proprietor | <input type="checkbox"/> |
| 2. Partnership | <input type="checkbox"/> |
| 3. Limited Company | <input type="checkbox"/> |
| 4. NGO | <input type="checkbox"/> |
| 5. Trust | <input type="checkbox"/> |
| 6. Club | <input type="checkbox"/> |
| 7. Society | <input type="checkbox"/> |
| 8. Association | <input type="checkbox"/> |
| 9. Government/Semi Government Bodies | <input type="checkbox"/> |
| 10. Other(specify) | <input type="checkbox"/> |

ORGANISATION'S PARTICULARS

Registered Name.....

Registration Certificate Number.....Type of Business.....

Sector.....Industry.....

Country of Incorporation/Registration.....Date of Registration.....

Physical Address: Plot Number.....Name of BuildingFloor Number.....

Town/City.....

(Attach sketch map of business location)

Postal Address.....

Type of utility: *(Attach utility bill)* Utility bill Number.....

Head Office Telephone number(s).....

Email Address.....

Income Tax Number (TPIN).....

Trading Name.....

ADDITIONAL INFORMATION *(If Company is foreign)*

Registered name in foreign country.....Trade name.....

Registration No.....Business address.....

Head Office Address.....Tel No.....

Fax.....Email address.....

Banker's name in country of origin.....

Address.....

Email address.....Fax No.....

Tel No.....

BUSINESS INFORMATION

Total Number of Employees.....

Income Tax Number(TPIN).....Source of Capital/Wealth.....

Monthly Income.....Annual turnover.....

Current Net Asset Value.....

Scheme No.....

ASSOCIATED LEGAL PERSON/S OR ENTITIES

Registered Name.....Registration No.....

Registered Address.....

Head Office Address.....

Physical Address.....

Tel.No.....Fax.....Email Address.....

NAMES OF DIRECTORS

NO.	SURNAME	FIRST NAME	APPOINTMENT DATE	OFFICIAL POSITION
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PRINCIPAL OFFICER

Full Name.....

Date of Birth (DD/MM/YYYY.....Title.....Nationality.....

Gender.....

Valid Passport or Driver's License No.....

Physical Address.....

Village.....T/A.....District.....

Telephone Number.....Fax.....

Cell No.....Email Address.....

SENIOR MANAGEMENT

Full Name.....

Date of Birth (DD/MM/YYYY.....Title.....Nationality.....

Gender.....Marital status.....

Maiden Name (If applicable)

Valid Passport or Driver's License No.....

Expiry Date of valid Passport or Driver's License.....

Physical Address.....

Village.....T/A.....District.....

Telephone Number.....Fax.....

Cell No.....Email Address.....

Full Name.....

Date of Birth (DD/MM/YYYY.....Title.....Nationality.....

Gender.....Marital status.....

Maiden Name (If applicable)

Valid Passport or Driver's License No.....

Expiry Date of valid Passport or Driver's License.....

Physical Address.....

Village.....T/A.....District.....

Telephone Number.....Fax.....

Cell No.....Email Address.....

Full Name.....Title.....

Address.....

Nationality.....Occupation.....

Tel. No.....Cell. No.....

Email Address.....Fax.....

Full Name.....

Date of Birth (DD/MM/YYYY.....Title.....Nationality.....

Gender.....Marital status.....

Maiden Name (*If applicable*)

Valid Passport or Driver's License No.....

Expiry Date of valid Passport or Driver's License.....

Physical Address.....

Village.....T/A.....District.....

Telephone Number.....Fax.....

Cell No.....Email Address.....

Full Name.....

Date of Birth (DD/MM/YYYY.....Title.....Nationality.....

Gender.....Marital status.....

Maiden Name (If applicable)
Valid Passport or Driver's License No.....
Expiry Date of valid Passport or Driver's License.....
Physical Address.....
Village.....T/A.....District.....
Telephone Number.....Fax.....
Cell No.....Email Address.....

ASSOCIATED INDIVIDUALS

Full Name.....Nationality.....
Date of Birth (DD/MM/YYYY).....Gender.....
Residential status.....Valid Passport No.....
Designation.....
Address.....Plot No.....
Physical Address.....
Road Name.....Location.....
Town/City.....

Full Name.....Nationality.....
Date of Birth (DD/MM/YYYY).....Gender.....
Residential status.....Valid Passport No.....
Designation.....
Address.....Plot No.....
Physical Address.....
Road Name.....Location.....
Town/City.....



Approved by

MANAGING DIRECTOR

Date.....