



KYC FORM

This form is used to update existing/new customer information. Please fill out all the fields.

FILL IN THE BLANK SPACES ON THE FORM BELOW.

First Name : **Middle Name**: **Surname**:

Policy number/s: **Marital Status** : **Date of Birth** :

Home Address in Malawi- District **Village** **T/A**

Postal Address & Country of Residence:

Gender: **F** **M** **Phone number**..... **Email**.....

Information extracted from (Select one and attach copy of Identification):

- Passport-Passport number.....
- Driving License -License number.....
- National ID - ID number.....
- Birth Certificate -number.....
- Others Specify.....

Monthly Income/Salary: **Current Occupation**:

Nationality: Do you have any other policy (ies) with other companies apart from Vanguard Life Assurance Co Ltd:

If you have answered **YES** to the question above, please indicate name of company, number of policies and sum assured.

Company 1: **Number of policies**..... **Sum Assured MK**

Company 2: **Number of policies**..... **Sum Assured MK**

If the total premiums on all policies bought under 'Manga Yako' is more than **USD 500.00 per month**, Please attach your proof of income and residence (latest pay slip or letter from employer stating salary and any utility bill)

If in business indicate nature of Business: **and Monthly Revenue**.....

Physical Address of Business: **Number of Years at this address**

Town/City **Country**:

Signature of Life Assured/Proposer: **Dated**: