

KNOW YOUR CUSTOMER (KYC) In terms of the Financial Intelligence Act, 2022

Fill this form in English and BLOCK LETTERS.

Date Title (Mr/Mrs/ Dr/ Prof/ Widow/Other).....
 Applicant First Name(s).....Last Name.....
 ID/ Passport number.....Date of Birth.....
 Email address
 Postal address.....
 Residential Address
 Tel no:Fax No: Cell No:
 Nationality.....Country of Origin.....
 Marital Status First Name of spouse:
 Last Name Maiden Name.....
 Other.....

BANKING DETAILS

BANK 1	BANK 2 (If any)
Bank Name:.....	Bank Name.....
Account Name.....	Account name.....
Account Number:.....	Account Number.....
Branch Name:	Branch Name



SOURCE OF FUNDS

Source of Funds
Purpose of Funds
Nature of Business.....
Services Provided

DECLARATION

Ihereby declare that the details provided above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misrepresenting, I am aware that I may be liable for the any consequences thereof.

Designation/Position:
 Signed:
 Date:

 Copy of ID
 Proof of Address

