

Know Your Policyholder (KYP) For Individual

Dear Valued Policyholder,

Please fill in ENGLISH and BLOCK LETTERS the fields provided below.

This information is sought in fulfilling the requirements of the Anti – Money Laundering Laws and Combating the Financing of Terrorism Act 2011

(All changes in current information must be supported by documentary evidence)

Branch/ Agency Name

Title: Dr Mr Mrs Miss Others

Surname First Name

Middle Name

Proposal / Policy No.

Mobile Telephone

Valid e-mail Address

Date of Birth / / Sex Male Female

Marital Status Single Married Divorced Separated Widowed

Mother's Maiden Name

Employer's Name

Office Address
(not P.O. Box)

Residential Address
(not P.O. Box)

Nationality Occupation

City State Country

Home Telephone Office Telephone

Identification

Valid Driver's Licence National ID card Valid Int'l Travelling Passport Voter's Registration Card

Non Nigerian Diplomatic Mission

Nationality Intl Passport No. Country of Issue Date of Issue Expiry Date

Work/Residential Permit Yes No (If yes) Date of Issue Expiry Date

Proof of address to be provided by Applicant (Office and Residential)

Please submit ANY ONE of the following valid documents & tick (X) against the document attached.

Latest Electricity Bill Water Bill Telephone Bill Bank Account Statement

Tenancy Agreement Registered Lease / Sale Agreement of residence Letter from a top Civil Servant or letter from Chairman of your Local Government Area

Other Details (Please see guidelines overleaf)

1. Gross Annual Income Details Please tick (X)

Upto N5,000,000 N5,000,001 - N10,000,000 N10,000,001 - 15,000,000 N15,000,001 and above.

2. Source of Fund

3. Reason for taking policy

4. a. Occupation Details Please tick (X) any one

Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired Housewife

Student Forex Dealer Others (Please specify)

5. Please tick (X) as applicable

Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Politically Exposed or Related to a Politically Exposed Person

For definition of PEP, please refer guideline C3 below

IMPORTANT NOTES - PLEASE READ BEFORE FILLING UP THE FORM

1. This Application Form is meant to enable a person to comply with the client identification programme laid down by the Anti – Money Laundering Laws and Combating the Financing of Terrorism Act 2011 hereinafter referred to as Know Your policyholder (KYP) requirements. It is for use by INDIVIDUALS only. A separate form is provided for non-individual entities such as Corporate, Trusts, Societies, etc.
2. This form is not an Insurance Application Form, and is only meant for providing information and documents required for KYP compliance. Applicant must be KYP compliant while insuring/investing with any registered insurance company
3. Each proposed insured must attach their KYP completed form along with the Application Form(s) while insuring/investing for the first time /When changes occur Applications Forms / Transaction not accompanied by KYP form are liable to be rejected

4. Minors: In case of investments in respect of a Minor, the Guardian should be KYP compliant and attach their KYP Acknowledgement while investing in the name of the minor. The Minor, upon attaining majority, should immediately apply for KYP compliance in his/her own capacity and intimate the participating insurer concerned, in order to be able to transact further in his/her own capacity.
5. The KYP process requires proposed insured to provide their Proof of identity and Proof of Address (any valid documents listed in section B below to comply with KYP requirements.
6. Insurers will not be liable for any errors or omissions on the part of the applicant / policyholders in the KYP Application Form. Documents received in support of KYP requirements will be verified at the designated "Points of Service" (POS), on a best effort basis.
7. In case of Non-Resident, details of overseas address along with proper proof for the same & passport copy are mandatory documents.

GUIDELINES FOR FILLING UP THE KYP APPLICATION FORM

General

1. The Application Form should be completed in ENGLISH and in BLOCK LETTERS.
2. Please tick in the appropriate box wherever applicable.
3. Please fill the form in legible handwriting so as to avoid errors in your application processing.
Please do not overwrite. Corrections should be made by canceling and re-writing, and such corrections should be counter-signed by the applicant.
4. Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected.
5. You are required to submit a Proof-of-Identity document and a Proof-of-Address document for each address filled by you in this form. Documents submitted to support Identity and Address should be

i. Proof of Identity

• Original proof of identity submitted + Self-attested photocopies (Originals will be returned On Point of Sale after verification)

ii. Proof of Address

• Original Documents + Self-attested photocopies (Originals will be returned On Point of Sale after verification)

A. Identity Details

1. **Name:** Please state your name as Title (Mr/Mrs/Ms/Dr/Commander/etc.), First, Middle and Last Name in the space provided. This should match with the name as mentioned in the proof of identity submitted
Date of Birth: Please ensure that this matches with the Date of Birth as indicated in the proof of age submitted.
3. **Nationality:** Foreign Nationals are not allowed to apply, unless they are with valid resident permit.
4. Status: Please tick your current residential status.
5. Please affix most recent colour photograph and sign across the photograph.

B. Address Details

1. **Address for Communication:** Please provide here the address where you wish to receive all communications sent by us. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYP Application Form is liable to be rejected.
2. **Contact Details:** Please provide your Telephone / Email contact details. The contact details given by you here will not supercede existing information in the

records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. You will have to independently communicate the same to them in case of any change(s).

3. **Proof of Address Documents :** Please note that each of the two addresses mentioned by you will need to be supported by a 'Proof-of-Address' bearing your or your spouse's / parent's (documents to establish relationship also to be submitted) name as supporting documents.

Please tick the box as applicable, for the document provided by you. You may attach any one of the following documents (Any document having an expiry date should be valid on the date of submission):

• Latest* Electricity Bill • Passport • Driving License • Latest* Bank Account Statement • Voter Identity Card.

* These documents should not be less than three months old as on the date of submission of this form.

4. **Permanent Address / Overseas Address:** If you are a Nigerian, and your Permanent address is different from the one mentioned in the Address for Correspondence, please state it here. If you are a Non-Resident Nigerian or a Person of Nigerian Origin, it is mandatory for you to state your Overseas Address here.

C. Other details

1. **Gross Annual Income details:** Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
2. Occupation details: Please indicate your current occupation by ticking the one most applicable to you. You are required to fill up the next section, if it additionally applies to you.
3. **Politically Exposed Persons (PEP)** are defined as individuals who are or have been entrusted with prominent public functions, e.g., Heads of States of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state-owned corporations, important political party officials, etc.

After you have completed filling up the KYP Application Form, please submit the same along with the entire set of supporting documents to any designated POS. Please also submit a photocopy of the Form for acknowledgement purpose, which you can retain for your records.

Customer's Signature

Date

CHECKLIST

(Before submitting this form, please go through the following checklist)

1. Please ensure that the form is completed in all respects and signed by you.
 2. Please affix your recent photograph and sign across the photograph.
 3. Please attach proof of Identity. This should be a photocopy plus original for verification.
 4. Please attach a Proof of Address Document (one for each distinct address). These should be either original + photocopies or attested / notarised photocopies.
 5. If you are an NRI, you must mention your overseas address in B(4).
 6. Please submit a photocopy of the duly completed KYP Application Form.
- For assistance or enquiries please approach the Point of Service where you had submitted your KYC Application Form.

FOR OFFICE USE ONLY

- Original verified certified document copies received
 (Attested) true copies of documents received
 Policyholder Risk Classification