



Vanguard Life Assurance Company Limited

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:..... Village..... T/A.....

Postal Address:..... Phone number..... email.....

Information extracted from : Select One

Gender : F M

- Passport-Passport number.....
- Driving License –License number.....
- National id – Id number.....
- Birth Certificate -number.....
- Others Specify.....

Identification Number..... (Attach copy of Identity)

Monthly Income/Salary:..... (Attach latest pay slip/ stamped letter from employer with salary detail)

For Civil Servants indicate employment number.....

Current Occupation..... Nationality:.....

Do you have any other policies with other companies apart from Vanguard Life Assurance?.....

If you have answered YES to the question above, please indicate company, number (s) of policy (ies) and sum assured.

Company..... Number of policies.....

Sum Assured MK.....

If the total premiums on one or more policies is more than MK 100,000.00, Please attach your proof of income and residence (latest pay slip or letter from employer stating salary and utility bill)

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

Physical Address:

..... Town/City.....

Number of Years at this address.....

(Draw sketch map of residential address at the back of this form)

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