



NICO GENERAL INSURANCE COMPANY

KNOW YOUR CUSTOMER FORM

New Existing

A. IDENTITY DETAILS

Title MR MRS MISS OTHER

Name of insured

Postal Address

Physical Address

Specify the location of your business

City / Town / Village

Tel N° National ID

Mobile N° Passport/Drivers Lc

Contact Cell Other

Email

Contact Person

Source of Business Direct Broker Other

Fill this section if you are an individual.

B. INDIVIDUAL DETAILS

Marital status: Single Married Other Gender M/F Date of Birth

Nationality Malawian Other

Status Resident Non-Resident

Occupation Employed Entrepreneur Other

Fill the corresponding number, only, to your profession.

Profession Other

1. Consultant	4. Finance	7. Medical	10. Technical	13. Member of parliament
2. Educator	5. Lawyer	8. Miner	11. Technology	14. Politician
3. Farmer	6. Marketer	9. Retailer	12. Tourism	15. Civil Servant

Bank Account No

For other clients, non-individuals, please fill this section

C. NON-INDIVIDUAL DETAILS

Date of Incorporation Registration N°

Fill the corresponding number, only, to your organisation type.

Type Other TPIN

1. Pvt. Co. Ltd	4. Partnership	7. Trust/Charity/NGO	Bank <input type="text"/>
2. Public Ltd	5. Society		Account No <input type="text"/>
3. Corporate Body	6. Govt. Inst.		

Fill the corresponding number, only, to your Industry.

Industry Other

1. Agriculture	3. Education	5. Financial	7. Legal	9. Retail	12. Tourism
2. Construction	4. Engineering	6. health Care	8. Mining	10. Technology	13. Transportation

Auth. Signatory Director Director

Position Director Director

D DECLARATION

a. I/We hereby confirm that all information provided in this form is true, complete and accurate.

b. I/We hereby authorize NICO General Insurance Company Limited and its designated agents and representatives to conduct credit reference checks regarding my/our credit worthiness for the purpose of deciding whether to provide insurance services on credit. I/We further authorize any individual, firm, company, corporation, organization or public body to provide information regarding my/our credit worthiness to NICO General Insurance Company Limited and its designated agents and representatives.

Signature Place Date