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Know Your Customer (KYC) Form

In line with NAICOM's directive on Anti-Money Laundry / Combating Financing Terrorism (AML/CFT) in respect of all insurance placements in Nigeria and our quest to deepen our relationship and serve you better, kindly provide us with the following information:

Name: _____

Office Address : _____

Home Address (if individual) : _____

Risk Address (if different from above) : _____

Occupation/Business: _____ **RC Number:** _____

Telephone Number: _____ **Date of Birth:** _____

E-mail Address: _____

Means of Identification: (Please provide clear copy & tick as applicable)

National ID () International passport () Driver's License () National ID No- NIN () Certificate of Incorporation () Board Resolution to obtain Insurance ()

For Corporate body (contact person's details): _____

Name: _____

Telephone Number: _____ **E-mail Address:** _____

Declaration

I/We declare that to the best of my/our knowledge and belief, the information supplied above is complete and true.

Consent

I/We consent to giving out my/our details to **dB- Zero** and agree to the company's data privacy policy.

.....
Date

.....
Signature