



SALAM TAKAFUL INSURANCE COMPANY LIMITED
KNOW YOUR CUSTOMER [KYC]
APPLICATION FORM

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THIS SECTION IS FOR POLICY HOLDERS (CORPORATE) ONLY

Please fill this form completely.

Name of Organization:

Date of Incorporation: (DD/MM/YYYY)

Means of Identification for one of the Director: International Passport Driver's License

Expiry Date: National ID card Voter's Identity Card

Identification Number: Date of Issue: (DD/MM/YYYY).....

Occupation:

Risk Type: Low Medium High

Office Address (Street and Postal):

Office Phone Number: Tax Identification No (TIN).....

Home Address:

City/Town: L.G.A:

E-mail Address (Please Fill in **CAPITAL LETTERS**):

Correspondence Address:

Beneficiary of the Policy:

Occupation Details (tick as application):

Private sector service Public/Government Sector Individual Business

Educational Institution

Others (please specify):

Declaration: I/We declare the information that I have provided above are true to the best of my knowledge. I/We declare the information given and documents supplied are the basis of relationship with Salam Takaful Insurance Limited and therefore warrant that they are correct and reflect my/our true position.

Director's Signature: