



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

Please affix  
Recent  
Photograph

**THIS SECTION IS FOR POLICY HOLDERS (INDIVIDUAL) ONLY**

**Please fill this form completely.**

Name of Applicant: .....

[As it appears in means of identification] [Title: Mr. Mrs. Ms. Dr. others, please specify]

Gender :  Male  Female

Date of Birth: DD/MM/YYYY

Nationality :  Nigerian  others  (please specify)

Means of Personal Identification:  International Passport  Driver's License

Expiry Date:   National ID card  Voter's Identity Card

Means of Personal Identification Number: ----- TIN-----

Residential Address: .....

..... GSM No-.....

Email Address: .....

Risk Type: Low  Medium  High

Proof of Address to be provided by Applicant not more than 3 months (any one of the following)

Electricity Bill  Water Bill  Tenancy Agreement

Source of Premium: .....

Occupation Details (tick as application):

Private sector service  Public/Government Sector  Individual Business

Student  Educational Institution  Retired

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 Company Limited and therefore warrant that they are correct and reflect my/our true position.

Customer's Signature: .....