



NICO GENERAL INSURANCE COMPANY KNOW YOUR CUSTOMER FORM

New Existing

A. IDENTITY DETAILS -Please fill in using block letters

Title MR MRS MISS OTHER

Name of insured

Postal Address

Physical Address

Specify the location of your business

City / Town / Village

Tel N° Personal ID

Mobile N° Passport/Drivers Lc

Fax N° Other

Email

Contact Cell

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
2. Educator 5. Lawyer 8. Miner 11. Technology
3. Farmer 6. Marketer 9. Retailer 12. Tourism

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

2. Public Ltd 5. Society 3. Corporate Body 6. Govt. Inst. Account No

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

Signature _____ Place Date