

KNOW YOUR CUSTOMER(KYC) for New & Renewal Individual Customers

A. Identity of Applicant Name: (Surname):		(First Name):			(Middle Name):		
Maiden or Aliases (if applicable)		(דוו גר וואמווופ):					
Gender:	Male	Female		Date of l	Birth:		
Genuer.	Mate	remate		Date of	DD	 MM ҮҮҮҮ	
Marital Status:	Single	Married	Divorced	Widowed	Separated		
Country of Birth: _			Divolced		Citizenship: _		
Specify Identificat				country of	entizensinp		
	Voted ID Card	Driver's Licens	e MBS Card	Soc. Sec Ca	ard Other:		
ID No					dia other.		
		Expiry:	 Name):		ial)	(Aliases)	
Spouse's Name: (Surname/Maiden): Gender: Male		Female	Name).			(Allases)	
Gender.	Male	Female		Date of L	DD	 ММ ҮҮҮҮ	
Are you currently	or a Past Sonior Go	wornmont Officia		Yes	 No		
-						l who is, or has at any	
time, been associat senior politicians, s	ed with prominent enior government o	public functions f official, judicial or	or a state or cou senior military	untry (for exam officials, senior	ple Heads of St executives of s	tate or of Government), state owned businesses, lature, judges and senior	
-	-		rectors of statu	-	-	nts, Siblings, Spouse, Chil-	
dren and in Laws) a B. Applicant's Addr		S		Yes	No		
B. Applicant's Addr Permanent Addres							
Address:	>>		Daria	h/City:			
Contact Details:			Falls	sn/City.			
/ / .		Tel. (Off.) ()				
Tel. (Cell) ()		Fax. (-				
Email:		Tax. ()				
Mailing Address (if	f different from ab	ove)					
Address:		0ve)	Paris	h/City:			
Proof of Address p	rovided: (Not more	than 3 months old		sn/ city.			
Utility Bill	Cable Bill	Cell Ph Bil		Statement	Other		
Voter's ID	Insurance Co.	Lease Agre		ers' License	Other		
C. Employer's Detai		Lease Agr					
Occupation/Busin							
Name of Employer							
Address:							
Contact Details:							
Tel: ()		East ()		Email		Wabaita	
D. Other Sources of	Income (if applica			LIIIaII;		Website:	
Nature of Other In							
	upport/ Inheritand	a /Cift /Cratuity	/Redundancy	Davmont /Con	ntransation Da	numont)	
Other (Please spec		e /Oiji /Orulully	/Redundancy	i uymeni /Con	ipensation 1 a	lyment)	
E. Declaration							
I hereby declare th undertake to infor false or untrue or	m you of any chan	ges therein, imm	ediately. In the	e event any of	the above info	ge and belief and I ormation is found to be	
Applicant's Signa	ature		Date:	(DD/MM/YYYY)		
		Fo	r Office Use O				
Originals Verified Attested True copies of documents received							
0	nat the informatio	n given above ha			cumentation	to ensure the correctness	
N	ame (print)	Emj	ployee Signatu	re	Date: DD/	/MM/ΥΥΥΥ	