



COSCHARIS PLAZA, 2ND FLOOR, 68A ADEOLA ODEKU STREET, VICTORIA ISLAND, LAGOS

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

Please fill in **BLOCK LETTERS** (*All fields must be completed*)

(INDIVIDUAL CLIENTS ONLY)

Name of Insured/Customer _____ Title: Mr./Mrs./Miss.

Gender: -----Marital Status----- Maiden Name -----

Nationality----- Date of Birth----- Place of Birth-----

Permanent Residential Address (*P.O.Box is not acceptable*) -----

Telephone Number(s) -----

E-mail Address----- Fax Number-----

Occupation----- Position Held-----

Name of Employer-----

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

National ID () International Passport () Driver's License ().

Types of Insurance Policies Held Through Davisther Brokers Limited-----

Signature----- Date (*dd/mm/yr*) -----



COSCHARIS PLAZA, 2ND FLOOR, 68A ADEOLA ODEKU STREET, VICTORIA ISLAND, LAGOS

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

Please fill in **BLOCK LETTERS** (*All fields must be completed*)

“FOR OFFICIAL USE ONLY”

I, ----- the relationship officer of:-----

----- who is a customer of DAVISTHER BROKERS LIMITED do hereby certify that, to the best of my abilities/knowledge, I have carried out relevant verification to establish the identity, address and nature of the business of above named customer.

I also certify, to the best of my knowledge, that the above named applicant is engaged in (nature of business) -----

----- . It shall also be a continuing responsibility of mine to further notify the Clients Services Department of any relevant change in the customer’s business or address as soon as same is brought to my attention.

Name of Officer:----- Designation:-----

Signature----- Date (dd/mm/yr) -----