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NICO Life
In Partnership with Sanlam | Allianz

ONE NICO

KNOW YOUR CUSTOMER

SECTION A: PERSONAL DETAILS

Field	Details
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Prof. ☐ Hon.
Full names	
Nee	
Gender	☐ Female ☐ Male
Date of Birth	
Proof of Identification	☐ Driving License ☐ Passport ☐ Employment Identification ☐ Birth Certificate ☐ National ID Identification Number: _____ Kindly attach a copy of identification
Nationality	☐ Malawi ☐ International
Country of Origin	
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
Home Origin	Village: _____ T/A: _____ District: _____
Physical Address	
Utility Number	Waterboard: _____ ESCOM: _____
Postal Adress	
Telephone number	Office: _____ Cell: _____
Email Address	

SECTION B: FINANCIAL DETAILS

Field	Details
Gross Monthly Earnings	MWK

Sources Of Income	☐ Employed ☐ Self Employed ☐ Both ☐ Other: _____ Identification Number: _____ Employer (if employed): _____ Brief Description of Duties: _____ Nature of Business (Self employed): _____
What is your personal income per annum during the last 12 months?	a. Income from trade (Gross): _____ b. From Other sources: _____ Ensure that proof of source of income is sourced e.g. bank payslip, business income Please attach either of below as proof of source of income ☐ Letter from employer (stating current monthly salary) ☐ Current payslip ☐ Tax returns
Source of Wealth	

SECTION C: POLITICAL ACTIVITY

Field	Details
Are you currently, or have you ever been, entrusted with a prominent public function in Malawi or another country?	☐ Yes ☐ No
If yes, please provide the following details:	Position or public office held: _____ Name of government department, institution or public body: _____ Country in which the position is or was held: _____ Start date and end date, where applicable: _____
Do you currently hold, or have you previously held, a senior position in any of the following?	☐ Government or Cabinet ☐ Parliament ☐ Judiciary ☐ Senior leadership of a political party ☐ Senior military or law-enforcement command ☐ Senior management of a state-owned enterprise ☐ Senior position in an international organisation ☐ Other prominent public function ☐ None of the above ☐ Other (Please Specify): _____

Are you a family member of an individual who currently holds, or has previously held, a prominent public function?	☐ Yes ☐ No
If yes, please provide the following details:	Full name of the individual _____ Public office or position held _____ Institution or organisation _____ Your relationship to the individual _____ Family relationships may include a spouse or partner, parents, children and their spouses, and other family members, Extended or step-relatives (Including grandparents, grandchildren, aunts, uncles, nieces, nephews, and all in-laws).

SECTION D: DECLARATION

I, declare that the statements made above are true and agree that they, together with the application and other supporting documents shall be the basis of the proposed policy.

Signature of Policy Holder: _____

Date: _____

Draw map to area of residence