

CORPORATE KYC FORM

SECTION (1)

Name of Customer: _____

Date of Incorporation: _____ **Registered Office** _____

Principal Place of Operation: _____

Nature of Business: _____

Principal Officer of the Company's Contact:

Name: _____ **Phone No.** _____

What is your Claim Experience _____

Since Inception of the Firm, how many times have you had claims? _____

Contact Person/Tel. No: _____ **Email** _____

Registered Office/Address: _____

Who introduced you to Lawrisk Insurance Brokers? _____

Customer Signature/Date: _____

ACCOUNT OFFICER'S FEED-BACK

Client profile: Provide a brief on the customer, source of funds, expected account activity, background etc.

SECTION (2)

Anti-Money Laundering/Risk Management Worksheet

1. Is the customer's core business activity one of the defined "High Risk Business" and if so, which?

No _____ Yes (explain) _____

2. Is the customer a public Figure? No _____ Yes (explain) _____

VISITATION REPORT

Met With (Name & Designation): _____

Remarks: _____

Account Officer's Signature

Date Signed/Date