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## **INDIVIDUAL KYC FORM**

## **SECTION (1)**

Name(s) of Customer:		
Address (Office):		
Mobile Telephone		
		State
Type of Identification: (e.g	g. International passport, Driver's	s License, National I.D. Card)
Identification No.	Date Issued	Place of Issue
Issuing Authority:		
Email Address:		
How many times have yo	u nau Ciainis.	



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## **ACCOUNT OFFICER'S FEED-BACK**

Client	profile: Provide a l	orief on the customer, so	ource of funds, expected	account activity, background etc.	
SECT	ION (2)				
		Risk Management Worl	ksheet		
1.	Is the customer's core business activity one of the defined "High Risk Business" and if so, which?				
	No	Yes (expla	ain)		
2.	Is the customer a	public Figure? No	Yes (explain)		
VISIT	ATION REPORT				
Met W	ith (Name & Desig	gnation):			
Remar	ks:				
Accou	nt Officer's Signat	ure		Date Signed/Date	