



KNOW YOUR CUSTOMER FORM

(Individuals):

Full Name (**in block**): _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Current Address:
(attach utility bill): _____

Occupation: _____

If retired, state last occupation held and date of retirement:

Current Employer
(name and address): **If** _____
unemployed, state source of _____
premium & name of payor

Photo Identification #

(National ID/
Driver's Permit/Passport): _____
(attach copy)

Contact Number(s): _____

E-mail Address: _____

(Companies and Partnerships):

Name of Company/Business Name: _____

Registered Address: _____



Mailing Address _____
(if different from above): _____

Company No./
Business Registration No.: _____
(attach copy of Certificate of Registration/Incorporation/Continuance)

Nature of Business: _____

Names and Residential Addresses of Directors/Partners/Officers/Shareholders holding
10% or more of Company's shares:

(Self-Employed Individuals):

Type of Business (attach evidence of training: certificates/diplomas, etc., and copies of
licences, government issued badges etc.):

Customer's signature: _____

Date: _____

Signature of BAT representative (for walk-ins) _____

Date received by BAT: _____