



SMILE LIFE INSURANCE COMPANY LIMITED

KNOW YOUR CUSTOMER (KYC) COMPLIANCE FORM

1.0 In Respect of the Company / Organization:

1.0 Registered Name of Organization:.....

1.2 Malawi Registration Number:.....

(attach a copy of the Registration Certificate /Certificate of Incorporation) and Business Licence:

1.3 Type of Legal Entity (Please tick appropriately):

☐ sole Proprietor ☐ partnership ☐ Private Limited Company

☐ Public Limited Company ☐ Trust

☐ Other (specify)

1.4 Please provide evidence of registered address:

Postal address:

Physical Address :

Please attach official letterhead showing premises or water or electricity bill

1.5 Principal Owners:

.....
.....
.....
.....

1.6 Beneficiaries / Shareholder

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.....
.....
.....
.....
.....

Postal Address: Chayamba Building, Victoria Avenue, Blantyre | P.O. Box 1374,
Blantyre, Malawi

Telephone: 265 (1) 832 211 / 244

Website: www.smilelifeinsurancemw.com

1.7 Names of the Directors of the Entity:

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.....
.....
.....
.....
.....

1.8 Control Structure of the Entity: Att.

1.9 Provision regulating the power to bind the entity, i.e. Articles of Association for the company or a confirmation letter from the entity indicating name of the person acting on behalf of the entity and is indeed authorized to do so, and accompanied by the ID of the person.

Provide Details of the Principal Officer / Contact Person

Name:

Position:

Telephone Number (s):

Email address:

Name:

Position:

Telephone Numbers (s):

Name:

Position:

Telephone Number (s):

Email address:

Name:

Position:

Telephone Numbers (s):

Name:

Position:

Telephone Numbers (s):

Name:

Position:

Telephone Number (s):

Email address: