



SMILE LIFE INSURANCE COMPANY LIMITED [KNOW YOUR CUSTOMER (KYC) COMPLIANCE FORM]

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

Telephone: 265 (1) 832 211 / 244

Website: www.smilelifeinsurancemw.com

Please print in block letters using black or blue ink.
Tick blocks where applicable.

A. CUSTOMER DETAILS

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Previous surname	<input type="text"/>		
Date of birth	<input type="text"/>		
Gender:	Male <input type="checkbox"/>	Female	<input type="checkbox"/>

B. IDENTIFICATION DETAILS

National ID number	<input type="text"/>																				
Identification (Non-Malawians)	<input type="text"/>												Type: Passport	<input type="checkbox"/>	Driver's license	<input type="checkbox"/>					
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>													
Country of birth	<input type="text"/>												Nationality (Citizenship)	<input type="text"/>							
Source of income	Salaried	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Commission	<input type="checkbox"/>															
Your net monthly income MWK																					
Proof of source of Funds	Payslip	Bank statement		Other (Specify)		<input type="text"/>															
Occupation	Private Sector	Public Sector		<input type="checkbox"/>	Business	<input type="text"/>															
	Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>	Other (Specify)	<input type="text"/>															
Profession	<input type="text"/>																				
Occupational duty:	Industry	<input type="text"/>																			
	Name of Employer	<input type="text"/>																			
	Other	<input type="text"/>																			

C. CONTACT DETAILS

Preferred mode of communication

Email ☐

Postal ☐

Email address

Mobile number

Alternative contact number

Physical address

***Please draw a map on a paper provided.**

Town/City

Country

Proof of address
**NB: Not more than
three months
old**

Title Documents/Tenancy or Lease agreement

Latest water bill

Latest electricity bill

Postal address

Town/City

Country

D. PRODUCTS WITH SMILE LIFE

Life Insurance

☐ Family Funeral Plan (Mlerakhungwa) Policy

☐

E. NEXT OF KIN

Title

Initials

First name(s)

Surname

Previous surname

Date of birth

National ID number

Other Identification

Type: Passport

Driver's license

Relationship

I declare that the statements and particulars on this form, whether in my own writing or not, are true and complete. I declare that I have not misstated or withheld any material facts.

Customer Signature

D D M M Y Y Y Y