INDIVIDUAL/COMPANY INFORMATION

Company/Individual Name:	
Client Classification (SME/Corporate – Company Only)	
Date of Birth:	
Gender:	☐ Male ☐ Female ☐ Rather Not Specify
Postal Address:	
Physical Address :	
Premises at which vehicle is usually garaged:	
Telephone number:	
E-mail Address :	
Type of Business/Profession/Occupation:	
Identification Number (National ID, Passport, Driving License, Citizen ID card, Work ID card, Voters ID card, ID letter from local Authority)	
Period of Insurance :	Day_____Month_____Year____ to Day___Month_____Year_____
Tax Identification Number (TIN) :	
Source of Funds :	
Expected Annual Income Range/Turn Over :	
Politically Exposed Person (Y/N) :	☐ Yes ☐ No
Directors / Owners / Contact Person/ Authorized Person Information (Company Only)	
Name :	
Telephone number :	
Role in Organisation :	
Identification Number (National ID, Passport, Citizen ID card, Work ID card, Voters ID card, ID letter from local Authority)	
Nationality :	
Politically Exposed Person (Y/N):	☐ Yes ☐ No