



LIBERTY LIFE ASSURANCE UGANDA LTD

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Directors: G Ssendaula (Chairman), M DuToit*, A Katamba,
 M Madhvani, R Singh*, K Wingfield*, East African Holdings Ltd,
 Madhvani Group Ltd
 *South African
 Company Secretary: KP Eswar

Liberty Life Assurance Uganda Ltd Reg. 75913

KNOW YOUR CUSTOMER (KYC) DUE DILIGENCE – INDIVIDUAL CLIENTS

Surname (Family) Name:	
Christian Names:	
Date of Birth:	
Place of Birth:	
Gender (Male/ Female):	
TIN Number:	
National ID / Passport/ Driver's license Number:	Attach Copy (Mandatory)

CONTACT DETAILS	
Residential Physical address:	
Mobile Phone Number:	
Business Physical Address:	
Business Telephone number:	
Email Address:	
Alternative Contact Person & Cell number:	

DECLARATION:

I, the undersigned, confirm that the information provided on this form is true and correct to the best of my knowledge. I further acknowledge that the insurer or their representatives have no responsibility or liability for the accuracy of the information provided by myself.

I authorise Liberty Life Assurance Uganda Ltd, their authorised representatives and contracted third parties (local and foreign), as well as any registered and appointed intermediaries to process my personal information as permitted by law.

Authorised Insured's Full Name:

Signature: Date:

FOR OFFICIAL USE ONLY

The above information has been verified by me and I have had sight of the original documents.

LLAUL INTRODUCING OFFICERS SIGNATURE

DATE

Client Approved by Money Laundering Control Officer

LLAUL MLCO'S SIGNATURE

DATE