



Permanent Address:

Village.....

Traditional Authority.....

District.....

Proof of Address (Please tick which proof of address has been attached to the form):

Water Bill Electricity Bill City Rates Lease agreement

Other (Please specify and attach):

Note:

- Utility bills (ESCOM, Water Board) must be no older than 3 months.
- City rates bills must be within the last 12 months.

B: IDENTIFICATION DETAILS

Type of Identification (Please tick and attach identification to the form):

For Malawian Nationals:

- You must submit a National ID.
- If you do not have a National ID, you may submit a Passport or Driver's License, together with your National ID application form issued by the National Registration Bureau.

For Foreign Nationals:

- You must submit a valid Passport

National ID Passport Driver's Licence

Other (Please specify and attach to form):

Identification number:

ID Issue Date:

Date of expiry of ID (DD/MM/YYYY):

Date of Birth (DD/MM/YYYY):

Nationality:

If you are a foreign national or a Malawian living abroad, please select the type of permit you hold and attach a copy:

Immigration Permit

Employment Permit

Study Permit

Temporary Residence Permit

Business Residence Permit



Permanent Residence Permit

Diplomatic Permit

Technical Assistance Permit

Other (Please specify and attach to form):

Permit Number.....

Permit Issue Date.....

Expiry Date of Permit (DD/MM/YYYY).....

C: SOURCE OF INCOME

Specify Source of Income (Please attach proof of source of income):

Employment Business Other (specify):

Name of Employer	Employment Start Date	Monthly Net Income
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Occupation/ Position.....

Nature of Business	Business Physical Address	Business Reg No. (if registered)	Monthly Income
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Other Income (specify)	Specify Source of Funds	Monthly Income
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Specify Source of Funds (Please attach proof of source of funds):

Pay slip Bank statement Employer Confirmation Letter Other (specify):

- Note:**
- Payslips and bank statements must be dated within the last 3 months.
 - Employer Confirmation Letter must state your salary and be signed and stamped by your employer.

D: NEXT OF KIN

Full Name:	Relationship to customer:	Occupation:	Cell Number:
			Email Address:

E: GENERAL

Preferred Mode of Communication (Please tick appropriate box):

Phone call SMS Email Post

Cell Number(s):



Email Address:

F: POLITICALLY EXPOSED PERSON DECLARATION

Old Mutual is required by law to identify Politically Exposed Persons (PEPs) in order to comply with regulatory requirements. Being a PEP does not affect an individual's ability to open an account or receive services.

Definition:
Politically exposed person- *individuals who are or have been entrusted with prominent public functions in Malawi or a foreign country e.g. the President; the Vice-President; persons appointed into public office by the President or other public body or directed officers; elected officers, persons holding management positions in public institutions including state owned corporations; members of governing bodies of political parties; independent politicians; persons entrusted with a prominent function in an international organisation.*

Related to, or a close associate, of a politically exposed person- *individuals having family, social, or business connections with the aforementioned people (e.g. spouse, sibling, or child of a Judge).*

I am a politically exposed person (PEP) YES NO

I am related to, or a close associate of, a politically exposed person (PEP): YES NO

G. DATA PROTECTION AND CONSENT

Privacy Notice Acknowledgment

I confirm that I have received and had the opportunity to review the Old Mutual Privacy Notice attached to this form, which explains how my personal data will be processed in accordance with the Data Protection Act, 2024.

I acknowledge that Old Mutual may share my personal information, including KYC documents, among its business units in Malawi for legitimate business purposes, such as efficient service delivery, so that I am not asked to complete and submit the same documents multiple times where I hold accounts across different business units. My information may also be shared with Old Mutual business units and service providers outside Malawi for operational and compliance purposes, including data cloud hosting and sanction screening. All personal information is treated with strict confidentiality, and Old Mutual is legally bound to protect clients' personal information.

Marketing and Promotional Communication

We would like to share news about our products, services, and special offers that may be relevant to you. We will only send you such marketing communications if you give your consent. You can withdraw your consent at any time by contacting us at info@oldmutual.co.mw or using the unsubscribe option provided in our communications.

(Please tick if you agree)

Yes, I agree to Old Mutual sharing my personal information among its business units for similar purposes as that which it was originally collected.

Yes, I agree to Old Mutual (Malawi) Limited and its subsidiaries using my personal information to send me updates, offers, and information about products and services. I understand that I can withdraw my consent at any time.

H: DECLARATION BY CLIENT

I have read and can confirm that all the information provided above is true and correct. I understand that any misrepresentation of facts can affect lines of communication of my policy/investment by Old Mutual to myself. I undertake to keep Old Mutual informed of any changes made in the future to the information provided above.

I understand that failure to complete this application in full, and to provide all the requested documents may affect my ability to process disinvestments or claims on my accounts.



Client's Signature: Date:

I _____ hereby confirm that the sketch map/ google map provided below is a true and accurate reflection on my current address.



Clients signature _____ Date: _____

Adviser Name: _____ Code: _____

FOR OFFICIAL USE ONLY			
	Name	Signature	Date
Received by			
Checked by			
Reviewed by			