





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

National ID

Passport

Driver's Licence

Other (please specify and attach to form): .....

Identification number: .....

Date of Birth (DD/MM/YYYY): .....

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

Nationality: .....

Immigration Permit (Foreign nationals ONLY, please tick):

Employment Permit

Study Permit

Temporary Residence Permit

Business Residence Permit

Permanent Residence Permit

Diplomatic Permit

Technical Assistance Permit

Other (specify and attach to form): .....

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

Business Type

Business Physical Address

Business Reg No. (if registered)

Monthly Income

Other Income (specify)

Specify Source of Funds

Monthly Income

**D: NEXT OF KIN**

Name:

Relationship to Customer

Occupation:

Cell Number:

**E: GENERAL**



Preferred Mode of Communication (please tick):

Phone call     SMS     Email     Post

Cell Number/s:

Email Address:

**F: POLITICALLY EXPOSED PERSON DECLARATION**

*Politically exposed person – individuals who are or have been entrusted with prominent public functions in Malawi or a foreign country e.g. Head of State/Government official/Judicial officer/Military officer/senior executives of state owned enterprises*

*Related to a politically exposed person- a close family relative or business associate of a politically exposed person as defined above (e.g. wife of a Judge)*

I am a politically exposed person (PEP)     YES     NO

I am related to a politically exposed person (PEP):     YES     NO

**G: 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 to be made in the future to the information provided above.

I further consent to Old Mutual sharing my personal information within Old Mutual's different business units in Malawi for internal business related purposes only. Please note that all personal information is treated with strict confidentiality by all Old Mutual employees and Old Mutual is legally bound to protecting client's personal information.

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			