

Uniquesacco

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KNOW YOUR CUSTOMER (KYC) FORM

Please complete all required fields marked with *

1. PERSONAL INFORMATION

Title	<input type="text" value="Select Title"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Date of Birth*	<input type="text" value="mm / dd / yyyy"/>
Place of Birth	<input type="text"/>
Nationality*	<input type="text"/>
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

2. CONTACT INFORMATION

Post Office Address*	<input type="text"/>
City*	<input type="text"/>
District*	<input type="text"/>
Residential Address*	<input type="text"/>
Country*	<input type="text"/>
Primary Phone*	<input type="text"/>
Alternative Phone	<input type="text"/>
Email Address*	<input type="text"/>

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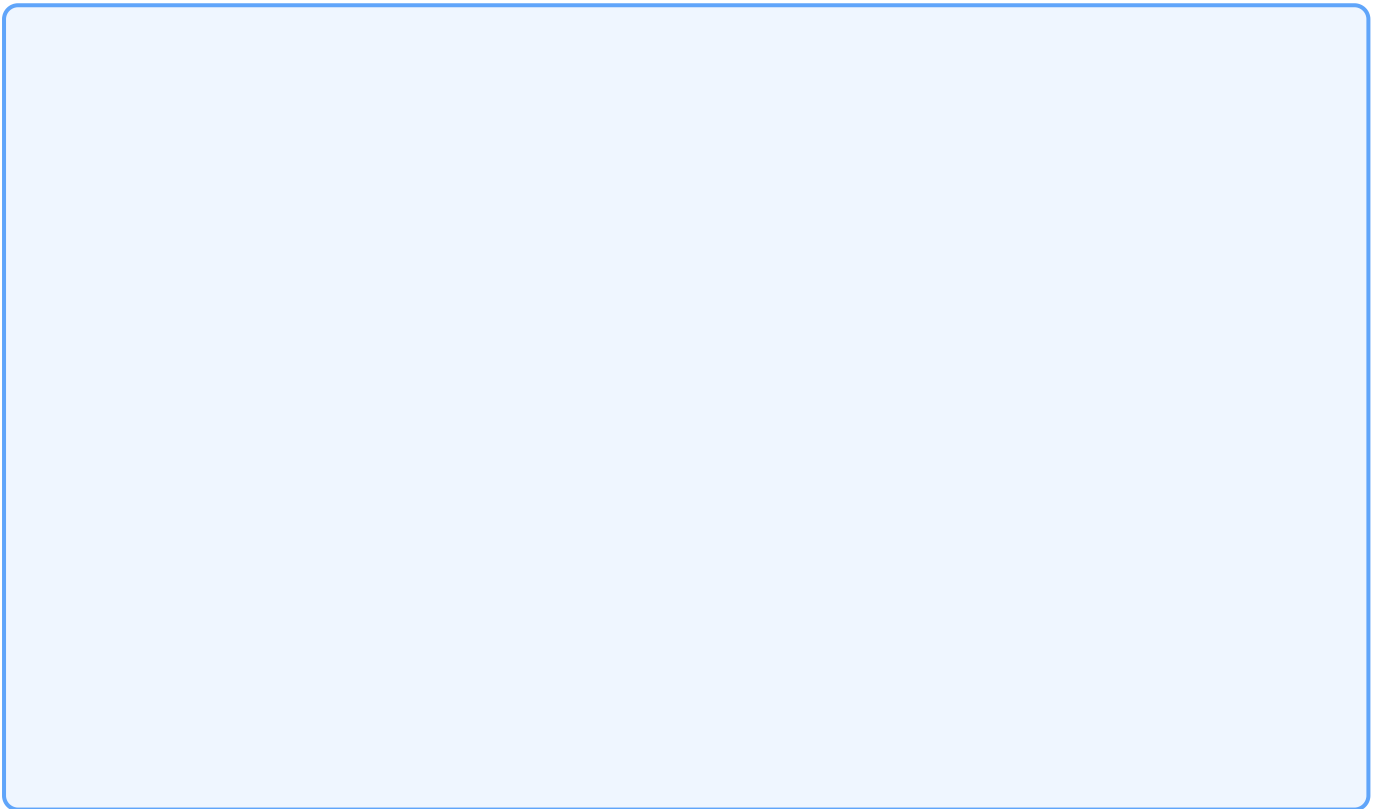
KYC Form - Location Mapping

LOCATION MAPPING

Please draw your residential location and mark important landmarks

3. RESIDENTIAL LOCATION MAP

Use the tools below to draw a simple map of your residential area. Mark your house location, nearby landmarks, and major roads.



Instructions: Click and drag to draw. Use markers for important locations. Add text labels for landmarks.

Map Description

Describe your residential area, nearby landmarks, and the map you've drawn...

Nearest Major Landmark

e.g., Rumphi Market, District Hospital

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KYC Form - Continuation

4. NEXT OF KIN INFORMATION

Full Name*

Relationship*

Phone Number*

Address*

5. BENEFICIARY INFORMATION

Full Name	Relationship	Phone Number	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. BANK DETAILS

Account Name*

Bank Name*

Branch*

Account Number*

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KYC Form - Continuation

7. IDENTIFICATION DOCUMENTS

Primary ID Type* Passport National ID Driver's License

ID Number*

Issue Date

mm / dd / yyyy



Expiry Date

mm / dd / yyyy



8. EMPLOYMENT & FINANCIAL INFORMATION

Employment Status*

Employed Unemployed

Occupation/Job Title

Employer Name & Address

Employment Number

Book Number

9. DOCUMENT ATTACHMENTS

Required Documents:

- Copy of valid government-issued photo ID
- Proof of address (utility bill, bank statement - not older than 3 months)
- Proof of income (salary slip, tax return, bank statement)

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KYC Form - Final Page

DECLARATION AND CONSENT

I hereby declare that:

- All information provided in this form is true, complete, and accurate to the best of my knowledge.
- I understand that providing false information may result in account closure and legal action.
- I consent to the collection, processing, and storage of my personal data for KYC and compliance purposes.
- I agree to promptly notify of any changes to the information provided.
- I authorize the institution to verify the information through third-party sources if necessary.

I agree to the above declaration*

Customer Signature*

Date*

mm / dd / yyyy



FOR OFFICE USE ONLY

Received By

Date Received

mm / dd / yyyy



Verification Notes

Verified By

Verification Date

mm / dd / yyyy

