# Uniquesacco

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## KNOW YOUR CUSTOMER FORM

Please complete all required fields with accurate details

**Book Number**

### 1. PERSONAL INFORMATION

**Title** Select Title

**First Name***

**Middle Name**

**Last Name***

**Date of Birth*** mm / dd / yyyy

**Nationality***

**Gender*** ☐ Male ☐ Female ☐ Other

**Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

### 2. CONTACT INFORMATION

**Post Office Address***

**City***

**District***

**Residential Address***

**Country***

**Primary Phone***

**Alternative Phone**

**Email Address***

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## 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.

**Map Description**

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

**GPS Coordinates (if known)**

e.g., -13.9626, 33.7741

**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 % |
|---|---|---|---|
| Full Name | Relationship | Phone Number | % |
| Full Name | Relationship | Phone Number | % |
| Full Name | Relationship | Phone Number | % |
| Full Name | Relationship | Phone Number | % |

## 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**

## 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