

LEADWAY PLAN B

KYC FORM



LEADWAY
Assurance

PERSONAL INFORMATION

Type of Customer Corporate Individual

Full name

Date of Birth

Occupation

Address

Email address

Phone number

Valid ID Type(Number and expiry dates)

Name of Employer/Business

BVN & Country

LIFE ASSURANCE (DEATH ONLY)

Named beneficiary

Next of Kin

Bank Details

Passport photograph

FIRE/BURGLARY

Items to be insured

Location of the items to be insured

HEALTH

Please complete the health questionnaire via the link