

Please ensure that questions are answered fully and accurately. Thank you for assisting CG United to comply with the law. Please use block capitals and select as applicable.

SECTION 1 IDENTIFICATION DETAILS

Surname: _____ **First Name:** _____

Other Names: _____ **Title:** Mr Miss Mrs Ms Other: _____

Alias (if any): _____ **Date of Birth (dd/mm/yyyy):** _____

Marital Status: Single Married Separated Divorced Common Law Widow(er)

Nationality: _____ **Country of Residence:** _____ **Country of Birth:** _____

Proof of Identity: At least one (1) of the following forms of identification must be supplied with this form. Please tick as applicable below and provide the corresponding number:

National Identification Card No. _____

Driver's Licence No. _____

Passport No. _____

Other: _____ No. _____

Do you have any affiliation with Government/Military/State Officials: Yes No If Yes, please provide details:

SECTION 2 CONTACT DETAILS

Permanent Residential Address: _____

Telephone No.(s): H(_____) _____ W(_____) _____ C(_____) _____

Fax No.: (_____) _____ **Email:** _____

Proof of Address: Please indicate which of the following documents has been attached:

Phone Bill (fixed/mobile) Utility Bill Bank Statement Other (please specify): _____

SECTION 3 EMPLOYMENT DETAILS

Occupation: _____

Employer Name: _____

Address: _____

SECTION 4 SOURCE OF FUNDS AND SIGNATURE

Origin of Money Paid to Policy: _____

Signatory Name (Please print) _____

Signature SIGN HERE _____ **Date** _____

SECTION 5 FOR OFFICIAL USE ONLY

Policy No.(s): _____ Renewal Date: _____

Originals Verified Certified Copies Received Reviewed by:

Name _____ Title _____

Signature _____ Date _____