



NEM Insurance Plc

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KYC CUSTOMER PROFILE (CORPORATE CUSTOMER DUE DILIGENCE)

1

NEM BRANCH OFFICE:

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DATE:

.....

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1) Insured:

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2) Office Address:

.....

3) Ownership of Company:

Nigerian

Foreign

Both

4) Contact Person:

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5) Contact Person GSM No:

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6) Email Address:

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7) Company Name Verification Document. **Attach any of the following as applicable**

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(a) Certificate of Incorporation or Business Registration:

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(b) Corporate Reg Number:

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(c) Form CO2 or C07:

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(d) Board Resolution:

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(e) Power of Attorney:

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8) Nature of Business:

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9) Estimated Turnover (N):

<N10M

N11M –N50M

N51M – N200M

>N200M

10) Premium Payment Source:

*Business Income

*Investments/Dividends

*Others (please state)

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Data Privacy

- i. Your data will solemnly be used for the purposes of this business contract and also to enable us reach you with the updates about our products and services.
- ii. Please note that your personal data will be treated with utmost respect and is well secured as required by Nigeria Data Protection Regulations 2019.
- iii. Your personal data shall not be shared with or sold to any third-party without your consent unless we are compelled by law or regulator.

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DECLARATION

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect and agree that if I/we have made any false or fraudulent statement, be it suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
2. I/We agree to provide additional information to **NEM Insurance**, if required.
3. I/We agree to submit all required and requested for documents and **NEM Insurance** shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements.

Signature of Policyholder

Date

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**This page to be completed by Account Officer,
not to be given to the client**

A. ACCOUNT OFFICER'S FEED-BACK

Client Profile: Provide a brief on the customer, source of funds, expected account activity, background, etc

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PART 2

B. ANTI-MONEY LAUNDERING RISK PROFILING

1. The Customer's core business activity falls into which of the following risk profiles?

Risk Profile	Tick (Yes or No)		Explain your answer
High Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medium Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Low Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

2. Is the customer a Politically Exposed Person Figure? No Yes

If Yes, explain

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C. VISITATION REPORT

Customer Name (in full):

Nature of Business:

Address (Not Postal):

Account Officer:

Date Visited:

Met with (Name & Designation):

Remarks:

ACCOUNT OFFICER NAME:

ACCOUNT OFFICER'S SIGNATURE

DATE SIGNED