

ROYAL GOLDEN SEAL INSURANCE BROKERS LIMITED FORM KYC

PARTY NAME: (NB: NAME MUST BE CLEARLY WRITEN IN CAPITAL LETTER AND AS IT APPEARS ON VEHICLE PATICULARS)
REGISTERED ADDRESS:
STATE: LGA:
NATURE OF BUSINESS/OCCUPATION:
CONTACT PERSON/ADDRESS: (If not the same with the one above)
PHONE NUMBER(S):
EMAIL ADDRESS:(NB: EMAIL ADDRESS MUST BE VALID)
SERVICE NEEDED DESCRIPTIONS
OFFICIAL USE ONLY
APPROVED OFFICER
NAME:
SIGNATURE:
DATE ACCEPTED:
STATUS:

 $ROGSIB\ KYC:\ Driver's\ license/International\ Passport/National\ I.D\ card\ only\ acceptable\ as\ means\ of\ identification.$