Madam Pesa
MADAMPESA INSURANCE AGENCY

KYC & RISK DETAILS FORM

Customer Information:

Full Name: ……... Mobile No: ……

Postal Address: ……..…… Email address: ……..……

Physical address: ……..……

Nationality: ……... Occupation: ……

ID Type: ……...….... ID Number: ……..……...

Risk Details:

Motor Risks.

Registration Number: ……... Vehicle make/model: ……

Chassis Number: ……..…… Engine Number: ……

Year of Registration: …… Color: ……...

Non-Motor Risks.

Subject Matter: ……... Location: ……..……

Nature of use/occupation: ……...

Clients Signature: ..... Date: .....

For official Use Only:

Attending Officer: ……...

Position: ……

Signature: ……. Date: …….