PREMIUM INSURANCE
YOUR WELL-BEING IS PREMIUM

KNOW YOUR CUSTOMER (KYC) FORM – INDIVIDUALS

In accordance with **Decree No. 53/2023** of 31 August, which regulates the **Legal Regime on Measures for the Prevention and Combat of Money Laundering and the Financing of Terrorism**, **Premium Insurance Company, SA** is required to collect and verify identification details of its clients (policyholders, subscribers, or members) and their representatives whenever a business relationship is established, whether in person or remotely.

This process includes the collection and retention of copies of identification and supporting documents, for purposes of policy issuance, pension fund management, and compliance with legal and regulatory obligations.

The complete and accurate provision of the information requested is mandatory and forms an integral part of the due diligence and identity verification procedures applicable to all clients.

1. INDIVIDUALS

1.1. Client Information

a) Full name: _____

b) Date of birth: _____

c) Place of birth: _____

d) Nationality: _____

e) Gender: ☐ Male ☐ Female

f) Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

g) Marital regime (if applicable)**:**

☐ General community ☐ Partial community ☐ Total separation

h) Parents:

- **Father:** _____
- **Mother:** _____

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1.2. Contacts and Address

a) **Full residential address:**

Province: _____ District: _____

City/Town: _____

Avenue/Street: _____ No.: _____

b) **Telephone:** _____

c) **Email** (if applicable)**:** _____

1.3. Employment Information

a) **Employer:** _____

b) **Employer's address:** _____

c) **Profession / Position:** _____

d) **Contract type:** ☐ Permanent ☐ Temporary ☐ Other: _____

e) **Net monthly income:** MZN _____

1.4. Identification Documents

a) **Document type:**

☐ ID Card

☐ Passport

☐ DIRE

☐ Driver's Licence

☐ Other: _____

b) **Number:** _____

c) **Place and date of issue:** _____

d) **Expiry date:** _____

e) **NUIT (Tax Identification Number):** _____

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1.5. Other Sources of Income

a) Nature of income:

☐ Employment

☐ Self-employment

☐ Investments

☐ Other: _____

b) Average monthly amount: MZN _____

1.6. Client Declaration

I hereby declare, under my sole responsibility, that all information provided in this form is true, complete, and accurate, and I undertake to immediately inform Premium Insurance Company, SA of any material changes that may occur.

I acknowledge that any omission or false declaration constitutes a punishable offence under applicable law, and I assume full legal responsibility for the accuracy and authenticity of the information provided.

Client's Signature: _____

Date: _____

☐ Valid identification document attached

☐ Proof of residence attached

☐ Employer's letter attached