MetLife

KNOW YOUR CUSTOMER UPDATE FORM
(KYC)

Policy No.:		Photo of Policyowner	Photo of Insured

1. Customer details

(Note: If policyowner and insured are different, all the details of policyowner should be filled. In the case where insured is 18 and above, details of insured are to be filled)

Full name		Gender	☐ Male ☐ Female ☐ Other
Date of Birth	YYYY/MM/DD ☐ BS ☐ AD	Marital status	☐ Married ☐ Unmarried ☐ Other
Nationality		Id card type	☐ National ID ☐ Citizenship ☐ Passport ☐ Others
Id card no.		Issued District	Issued Date

2. Address details

Permanent Address:					
Province		District		City	
Ward No.		Street/Tole/Village		Metro P/Sub-Metro P/Muni/R-Muni	
Residential Address (If different than permanent):					
Province		District		City	
Ward No.		Street/Tole/Village		Metro P/Sub-Metro P/Muni/R-Muni	
Contact No.		Email			
Is mobile no. registered in own name?	☐ Yes ☐ No				
If no, please mention the registered name?		Relationship			

3. In case, Insured is minor

Name		Date of Birth	YYYY/MM/DD ☐ BS ☐ AD	Relationship	
Birth certificate/ Minor ID no.		Issued District		Issued Date	

4. Family Details

Family	Name	Contact no.
Grandfather		
Father		
Mother		
Spouse		

5. Occupation

☐ Gov. Official ☐ Employee ☐ Business ☐ Student ☐ Housewife ☐ Retired ☐ Other ……..			
PAN no.		Other sources of income	

Name of organization	Address	Designation	Nature of business	Estimated annual income

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6. Details of Bank and Financial Institution

Name		Branch	
Account No.			

7. Are you, any of your family members, or any associated persons currently, or have ever been, classified as a Politically Exposed Person (PEP) or a high-ranking public official under applicable laws?

☐ Yes ☐ No	
If yes, please provide the details	

8. Have you ever been sanctioned by a government authority?

☐ Yes ☐ No	
If yes, please provide the details	

Location Map	**N ↑**
Nearest landmark:	

I acknowledge and provide my consent to American Life Insurance Company (MetLife) to collect, use, transfer, disclose and retain my personal information, including storing my information digitally in a secured server/cloud base that may involve necessary cross border data transfers when I apply to or subscribe to any of MetLife products or services or communicate directly, online or via MetLife's applications and devices. MetLife may use this data to provide me with their products or services, maintain their records or send me relevant information"

I hereby declare that the information provided herein is true, accurate, and complete to the best of my knowledge. Any fields left blank indicate that the onboarding information previously provided by me remains current and unchanged. I understand that providing false, inaccurate, or misleading information may result in action under applicable laws and regulations.

Signature: _____

Date: _____

Right	Left

For Company's Use only:						
OCODE				Documents collected		
Received in	☐ HO	☐ Province/ Branch			☐ Agency	
Received by			Date		System update date	

KYC-English/1.0/202610