

Know Your Customer Update

Photo Owner

Photo Insured

- A. Policy No..... Nationality.....
- B. Policyowner's Name..... Gender
- C. Insured Name..... Gender..... DOB.....
- D. Insured Father's name..... Insured Mother's name.....
- E. Birth Certificate No If minor..... Issued date..... Issue District
- F. Citizenship Number..... Issued date..... Issue District
- G. National ID No..... Issued date.....
- H. Passport No..... Issued date..... Issue DistrictExpire Date.....
- I. Residential Address: VDC/Municipality..... Ward No.....
Tole..... District..... Marg.....
Is Permanent address the same as residential? Yes / No
- J. If no, Permanent Address: VDC/Municipality..... Ward No.....
Tole..... District..... Marg.....
- K. Contact No.: 1..... 2. Email Id
- Occupation: Employed/ Self Employed/ Others..... Nature of Business:
- Employer/Business Name..... Address:

Location Map



"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"

Right

Left

Signature..... Date.....

