



Dear Client,

To comply with regulatory requirements and ensure that we serve you better, we kindly request you complete the following KYC form. Your information will be kept confidential and used solely for verification and service purposes.

Section 1: Personal Information

- 1. Full Name:
- 2. Date of Birth:
- 3. Nationality:
- 4. Gender:
Male Female Other
- 5. Marital Status:
Married Single
- 6. ID/NRC or Passport Number:
- 7. Residential Address:
- 8. Email Address:
- 9. Phone Number/s :

Section 2: Employment Information

- 1. Employment Status:
Employed Not Employed
- 2. Employer's Name:
- 3. Employer's Address:
- 4. Nature of Employment (e.g., permanent, contract, self-employed):

Section 3: Consent and Declaration

- I confirm that the information provided is accurate and complete.
- I consent to the processing of my personal data for the purposes of KYC verification and service improvement in accordance with the Data Protection Act, 2021 which regulates the collection, use, transmission, storage and processing of personal data in Zambia.

Signature: _____

Date: _____