রিলায়েন্স ইন্স্যুরেন্স লিমিটেড
RELIANCE INSURANCE LIMITED
PABX : +880 2 8878836-44, FAX : +880 2 8878831-34, MOBILE: 01714-014895
E-mail : info@reliance.com.bd, Web : www.reliance.com.bd

Customer Identification Form (KYC Profile Form)

(Applicable to Intangible Property Owner Policy) (Non-Life Insurance)

1.	Name of the Policy/Class/ Policy Reference No./Policy No.	:	
2.	Name of the Recipient Organization	:	
3.	Address of the Organization	:	
4.	Contact Address	:	
5.	Nature of the Business	:	
6.	Has the copy of registration certificate been accepted?	:	YES ☐ NO ☐
7.	Issuing registration authority with Date and Place	:	
8.	Has a copy of Trade License (if applicable) been accepted?	:	YES ☐ NO ☐
9.	Has a copy of E-TIN (if any) been accepted?	:	YES ☐ NO ☐
10.	Name of proposed insurance proposer	:	
11.	Premium Amount	:	
12.	Source of Fund	:	
13.	Premium Payment Method	:	Monthly ☐ Quaterly ☐ Bi-Monthly ☐ Annual ☐ Onetime ☐
14.	Name of the person / persons authorized to conduct the policy:		
	a) Name	:	
	b) Fathers Name	:	
	c) Mothers Name	:	
	d) Spouse Name	:	
	e) Occupation & Date of Birth	:	
	f) Present Address	:	
	g) Permanent Address	:	
	h) Nationality & NID No.	:	
	i) Telephone Home & Office	:	
	j) Mobile & E-mail	:	
15.	The real beneficiaries of the policy (Beneficial Owner): (Details of controlling shareholders and 20% or more single shareholders in the case of a company)		
	Name		**Relation**
		:	
		:	

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16.	If the proposed insurance relates to import / export, attach the following information:					
	Policy Name	Name of the bank related to import / export	LC No. & Date	LC Currency and Unit of Value	Importing or exporting country	Product Name
17.	Means of Premium Payment					
	a) Bank (With Information)	:				
	b) Cash	:				
18.	Determining the risks of the policyholder organization: Low ☐ High ☐ [In the comments section, it is necessary to comment on the risks of the policyholder organization considering the subject matter of insurance. In order to assess the risks of the organization, the nature of the business, the level of money, the area of the business, the size of the business, the actual beneficiaries of the account, etc. should be considered as high or low risk. In case of high risk, regular supervision is required.]					
19.	Comments :					

Signature of Policy Officer / Relationship Manager
(Seal & Date)

Signature of the Approving Officer
(Seal and Date)