الشركة البحرينية الكويتية للتأمين
Bahrain Kuwait Insurance Co

BKIC KYC Application Form - KWT

Applicant Information

Insured Name

CR Number | Expiry of CR | Phone Number

Mobile Phone | Fax Number

Address

Building No. | Street No. | Block

Area | City | Country

PO. Box | Email

Registration Type | Type of Business Activity

Name of Regulatory Body | Date of Incorporation | Place of Incorporation

Name of the External Auditors | Source of Fund

Name of Authorized Person | Position of Authorized Person

BKIC KYC Application Form - KWT

Signature of Authorized Person

Signature	Date

Declaration

☐ I consent to Bahrain Kuwait Insurance Co (GIG Bahrain) processing my provided personal data for the purpose of carrying out due diligence activities and complying with legal obligations.

For more details visit Customer Privacy Policy Online Form available on www.gigbh.com

Required Documents

Please ensure the following while submitting your KYC Application Form

- ☐ KYC Form is complete in all respects and signed by the authorized signatories.
- ☐ The document stating the full name such as copy of CR and other equivalent documents.
- ☐ Copy of Memorandum and Articles of Associations.
- ☐ Copy of audited statement of accounts or latest copies of accounts.

BKIC KYC Application Form - KWT

For BKIC Use Only

Requester Department

Date

Requester Department

Requester Name

Designation

Type of Account

Recommended by: Department Manager/C level Signature

Compliance

Compliance officer Signature

Finance and Accounts

GL Account No

Client Account Code No.

Account opened by: *Name, Designation*

Authorized by