



Global Elite Recovery

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

FOR INDIVIDUAL CLIENTS

PERSONAL INFORMATION:

TITLE: MR. MRS. MISS. OTHERS.

SURNAME

FIRST NAME

MIDDLE NAME

GENDER: _____ DATE OF BIRTH (DD.MM.YYYY): _____

CONTACT ADDRESS: _____

CITY: _____ COUNTRY: _____

STATE: _____ OCCUPATION: _____

NATIONALITY: _____ EMAIL: _____

PHONE NO: _____

IDENTIFICATION DETAILS

Types of Identification:

International Passport	Driver's Licence	National ID	Voter's Card	Others (please specify)

IDENTIFICATION NUMBER: _____

COUNTRY OF ISSUE:

DATE OF ISSUE (DD-MM-YYYY):

DATE OF EXPIRY (DD-MM-YYYY):

ISSUING AUTHORITY:

OTHER RELEVANT INFORMATION:

SOURCE OF INCOME:

OCCUPATIONAL DETAILS (TICK AS APPLICABLE)

- | | | |
|---|---|--|
| <input type="checkbox"/> PRIVATE SECTOR SERVICE | <input type="checkbox"/> PUBLIC/GOVERNMENT SECTOR | <input type="checkbox"/> INDIVIDUAL BUSINESS |
| <input type="checkbox"/> STUDENT | <input type="checkbox"/> EDUCATIONAL INSTITUTION | <input type="checkbox"/> RETIRED |

DECLARATION: I DECLARE THAT THE INFORMATION I HAVE PROVIDED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO DECLARE THAT THE INFORMATION GIVEN, AND DOCUMENT SUPPLIED ARE THE BASIS OF RELATIONSHIP WITH GLOBAL ELITE RECOVERY AND THEREFORE I WARRANT THAT THEY ARE CORRECT AND REFLECT MY TRUE POSITION.

APPLICANT'S SIGNATURE: DATE: