



**MUA INSURANCE (UGANDA) LIMITED**

Head Office: Redstone House, 3rd Floor, Plot7, Bandali Rise- Bugolobi

Kampala Branch: Crown House, Plot 17/19, Kampala Road:

**KYC CHECKLIST**

Prepared Date:

.....

**Company Details:**

Company Trading Name: .....

Physical Address: .....

Registration Number: .....

Tax Identification TIN: .....

Telephone Contact.....

Email Address: .....

**Key Contact Person Details**

Name: .....Email: .....Telephone.....

**Details of Present Directors Partners/Proprietors:**

**Director 1**

**Director 2**

Name: ..... Name: .....

Address: ..... Address: .....

Mobile Number: ..... Mobile Number: .....

Email: ..... Email: .....

Identification Number (NIN): .....(NIN):.....

**Director 1**

**Director 2**

Name: ..... Name: .....

Address: ..... Address: .....

Mobile Number: ..... Mobile Number: .....

Email: ..... Email: .....

Identification Number (NIN): .....

(NIN):.....

**Company Bank Details:**

Bank 1	Bank 2
Account Name: .....	Account Name: .....
Name of the bank: .....	Name of the bank: .....
Branch Address: .....	Branch Address: .....
Account Number: .....	Account Number: .....
IBAN/Swift Code: .....	IBAN/Swift Code: .....

Documents Attached: *(Please tick Documents Attached)*

- |   |                          |
|---|--------------------------|
| 1. Certificate of Incorporation             | <input type="checkbox"/> |
| 2. Company form 7 (Particulars of Director) | <input type="checkbox"/> |
| 3. Company form 20 (Annual Return)          | <input type="checkbox"/> |
| 4. National Identity Cards for Individuals  | <input type="checkbox"/> |
| 5. Trading License                          | <input type="checkbox"/> |

**Declaration**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory

Name: .....Signature.....

Date: .....

**FOR OFFICE USE ONLY**

Verified by: ..... Signature .....

Date.....

Approved by: ..... Signature .....

Date.....

'MUA Insurance (Uganda) Ltd is committed to protecting your personal data in accordance with the Data Protection and Privacy Act, 2019 of Uganda.MUA Uganda will use the information and documents provided for purposes for which they were intended'.