

CORPORATE CUSTOMER INFORMATION FORM

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA Insurance) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organization; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

IDENTIFICATION INFORMATION

Registered Name _____ PIN No.: _____
(As it appears on registration document) (Attach copy)

Business/Occupation: _____
(Please provide a brief description of your occupation, business or principal activity)

Registered As: Limited Liability Co: Business Name Partnership Trust Government entity
(Please select one)

Other: _____

Registration Document: Certificate of Incorporation No _____ Certificate of Registration No _____

Other: _____
(Provide details)

Current Physical Address: _____ Website _____
(Principal location of business)

Tel No. _____ Email: _____

Mailing Address: P.O. Box: _____ Town: _____ Post Code: _____ Country: _____

CONTROL STRUCTURE FOR LEGAL ENTITIES (COMPANIES, PARTNERSHIPS, TRUSTS, GOVERNMENT CORPORATIONS & ETC)

Please provide details of the natural persons managing or controlling the legal entity and are authorised to act on its behalf.
(Attach a copy of the resolution providing this authority)

Name <small>(As it appears on registration document)</small>	Nationality	Registration/ ID/ Passport No.	Date of Birth /Registration	% Owned	Current Address	Designation /Position/Role

Are any of the above mentioned persons government officials? Yes No _____
(If yes, provide details of entity & designation)

Government official means an officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of any government, its departments, agencies, or instrumentalities, including government- or state-owned or controlled entities (e.g., national oil company, state-run utility, public hospital)

Do you, your subsidiaries or branches have any business dealings in any of these countries: Cuba, Iran, Myanmar, Sudan, Syria, North Korea, Belarus, Zimbabwe? Yes No _____
(If yes, provide details of country and business activity)

BANKING DETAILS

For prompt payment of claims and premium refunds, please provide your banking details

Account Name: _____ Bank Name: _____

Branch Name: _____ Branch Code: _____

Account Number: _____

CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We have received, read and understood the summary of cover for this policy. I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete the contract of insurance.

Name:

Signature:

Date:

(If Corporate)

Name:

Designation:

Company Stamp;

NCBA Insurance Company Limited is regulated by the Insurance Regulatory Authority