



For KYC purposes only

Contract Number:

Policyholder:

## AFFIDAVIT

I, \_\_\_\_\_ of Omang/Passport No \_\_\_\_\_  
(Full name and surname)

(Country of Origin \_\_\_\_\_), hereby confirm that I reside at

\_\_\_\_\_ in \_\_\_\_\_  
(Plot No./Ward) (Town/Village/City)

in \_\_\_\_\_. I have been staying at the aforementioned address for  
(Country)

the past \_\_\_\_\_. My postal address is \_\_\_\_\_  
(years)

Employment status: Employed ☐ Unemployed ☐ Self-Employed ☐ Pensioner ☐

I fall under the following income bracket: 0-1000 ☐ 1001 – 3000 ☐ 3000+ ☐

If employed/self-employed, state Company name \_\_\_\_\_

Postal Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

If unemployed, state source of income \_\_\_\_\_

I make the above statement conscientiously believing the same to be true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Done and sworn to before me by the deponent this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

at \_\_\_\_\_ at \_\_\_\_\_ hours. The deponent has acknowledged the contents

of this affidavit to be the truth to the best of his/her knowledge.

Signed: \_\_\_\_\_  
Commissioner of Oaths

Commissioner of Oaths stamp

