



Your Security Is Our Best Policy!

**N.E.M INSURNACE COMPANY (JAMAICA) LTD.**

### CUSTOMER INFORMATION FORM INDIVIDUALS

*This document attaches to and forms part of Policy Number \_\_\_\_\_*

1. Insured's Full Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ 3. Place of Birth \_\_\_\_\_

4. Nationality \_\_\_\_\_ 5. TRN \_\_\_\_\_

6. Home Address \_\_\_\_\_

7. Mailing Address  
(If different from above) \_\_\_\_\_

8. Telephone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

9. Fax Number \_\_\_\_\_ 10. Email Address \_\_\_\_\_

11. Occupation \_\_\_\_\_

12. Name of Employer \_\_\_\_\_

13. Address of Employer \_\_\_\_\_

14. Have you or any relative or close associate been entrusted with prominent public functions (e.g. politicians, senior government, judicial or security force officials) in any country? If yes, give details.

Yes

No

15. To the best of your knowledge, are you or any close relative (spouse, children, parents, siblings) connected in any way (personal or business) to NEM or any other member company within the JN Group? If yes, give details.

Yes

No

*I do hereby declare that the above answers are true and that any misrepresentation whatsoever can render the insurance of no effect.*

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

NEM / Broker Representative's  
Signature \_\_\_\_\_ Date \_\_\_\_\_