

Please print in block letters using black or blue ink.

**SECTION 1 IDENTITY DETAILS**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>		
First name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID number	<input type="text"/>
Place of birth	<input type="text"/>	Nationality	<input type="text"/>			
Passport number	<input type="text"/>	Country of issue	<input type="text"/>			
Occupation	<input type="text"/>					

**SECTION 2 ADDRESS AND CONTACT DETAILS**

Postal address	<input type="text"/>				
Physical address	<input type="text"/>				
	<input type="text"/>	Village/Town/City	<input type="text"/>	Country	<input type="text"/>
Duration of residence	<input type="text"/>	If less than 2 years, state previous residence <input type="text"/>			
Telephone	code <input type="text"/>	number	<input type="text"/>		
Mobile	<input type="text"/>				
Email address	<input type="text"/>				
Employer	<input type="text"/>				
Place of work	<input type="text"/>				
Telephone (Work)	code <input type="text"/>	number	<input type="text"/>		

**SECTION 3 CLIENT MANDATED OFFICIAL (ONLY APPLICABLE TO CLIENTS REPRESENTED BY BROKERS OR AGENTS)**

Name	<input type="text"/>
Registration number	<input type="text"/>
Contact	<input type="text"/>

**SECTION 4 BANKING DETAILS**

Account holder name	<input type="text"/>		
Account number	<input type="text"/>		
Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account type	<input type="text"/>		
Source of Funds	<input type="text"/>		

State nature of funds if received from source other than salary:

## SECTION 5 ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification:

- Identification document e.g certified copy of ID/Passport
- Proof of address e.g. latest utility bill/lease agreement
- Source of funds/Proof of income in the form of pay slip, bank statement or letter of employment

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs.

I consent to the collection and processing of my personal information for marketing purposes.

Please note that it is mandatory for us to collect your personal information in terms of Eswatini legislation i.e Anti-Money Laundering, failing which Old Mutual may incur financial penalties or even loss of operating licence. We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to the Ombudsman of Financial Services whose contact details are:

Ombudsman of Financial Services  
Website: <http://www.ombudsfs.org.sz>  
Tel: +268 2404 7653, +268 2404 4464  
Email: [info@ombudsfs.org.sz](mailto:info@ombudsfs.org.sz)

**Physical Address:**

3rd Floor Ingcamu (PSPF) Building Mhlambanyatsi Road, Mbabane, Eswatini

**Postal Address:**

PO Box 8490, Mbabane, Eswatini

To view our full privacy notice and to exercise your preferences, please visit our website on <http://oldmutual.co.sz/>

## SECTION 6 DECLARATION

I hereby declare that the details provided above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately.

In case any of the above information is found to be false/untrue/misleading/misrepresenting I understand that I may be held liable for it.

Full name

Date 

D	D	M	M	Y	Y	Y	Y
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Signature