



JN GENERAL INSURANCE COMPANY LIMITED
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CUSTOMER INFORMATION FORM - INDIVIDUAL

Dear Customer,

We are required by law to maintain your most current personal information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

This document attaches to and forms part of Policy Number _____

Insured's Full Name _____

Date of Birth _____ Place of Birth _____ Nationality _____

Home Address _____

Mailing Address (If different from above) _____

ID Type _____ ID # _____ ID Expiration Date _____

TRN _____ Source of Funds (Premiums) _____

Telephone #s: Home _____ Work _____ Cell _____ Fax _____

Email _____ Occupation _____

Employer: Name _____ Address _____

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.

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

Insured's Representative Information (Where form is not completed by the Insured)

Name _____ Date of Birth _____

Address _____ Occupation _____

TRN _____ Tel. #s _____ Email _____

ID. Type & Number _____ ID Exp. Date _____

Two (2) Referees (Please visit our website at www.jngijamaica.com for the list of acceptable Referees)

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone #:	Telephone #:

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

I/We agree to my/our personal information being shared with JNGI's parent company and/or any of JNGI's fellow subsidiaries. I/We further agree that JNGI may record and store all information on my/our account in such form and means it deems fit including use of the services of its parent or fellow subsidiaries and affiliates or any electronic data processing service provider.

Insured's or Representative's Signature _____ Date _____

JNGI Representative's Signature _____ Date _____

- NB - Please submit the following:**
- Certified Copy of Valid Picture Identification
 - Certified Copy of Proof of Address