



**JN GENERAL INSURANCE COMPANY LIMITED**  
 Head Office: 9 King Street, Kingston  
 P.O. Box 395, Kingston, Jamaica, W.I.  
 Tel: (876) 922-1460, Fax: (876) 922-4045  
 email: info@jngijamaica.com website: www.jngijamaica.com

**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](http://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