MUNICIPAL COUNCIL OF MANZINI			
QUALITY MANAGEMENT SYSTEMS	Doc Ref No.	FIN-FRM-014	
	Revision Status	Issue 1	
KYC COMPLIANCE FORM	Revision Date	18.01.2022	
	Approved By	DIRECTOR FINANCE	

PERSONAL DETAILS

Full name/s:.....

Surname:……... Maiden surname:……

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/er

PIN :

Cell #:…..……Work:……Home:……

Email address: ……..

Category: ☐ Employed ☐ Self-employed ☐ Pensioner ☐ Other

If employed/Self-employed, state place of employment/name of business below;

……..

If ticked other, please specify (ovc<18 years, unemployed etc)……

PROPERTY DETAILS

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Plot number: …….

Township: ……

Postal Address:…….

……..

NEXT OF KIN

Please provide details for next-of-kin, preferably two relatives

1.Full Name/s: …….**.....**

Surname:……

Relationship: …….

Cell #: ……Work:……Home:……

2. Full Name/s: …….

Surname: ……..

Relationship: …….

Cell #:……..Work:……..Home:……..