บริษัท กรุงเทพประกันภัย จำกัด (มหาชน)
Bangkok Insurance Public Company Limited
25 ถนนสาทรใต้ แขวงทุ่งมหาเมฆ เขตสาทร กรุงเทพฯ 10120 Tel. 0 2285 8888
25 Sathon Tai Road, Thung Maha Mek, Sathon, Bangkok 10120 Fax 0 2610 2100

KNOW YOUR CUSTOMER FORM

For Legal Entity

1. Customer's information

Legal entity's name .....

Taxpayer ID no. (If different from the legal entity registration no.) .....

Registered office's address .....

Telephone ..... Email Address .....

Type of business ..... Purpose of business .....

2. Information of the authorized signatory(s) or an attorney-in-fact, who conducts the transaction

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others (Please specify) .....

Name - Surname .....

Current address / contact address

☐ As per national ID card ☐ As per the insured's registered office's address ☐ As per house registration

☐ Others (Please specify) .....

Home Telephone ..... Mobile Phone ..... Email Address .....

Please provide a copy of the following identification documents:

1. Customer

1.1 For an ordinary legal entity

☐ Thai : a certificate of incorporation issued by the registrar for no longer than 6 months, which includes purpose and type of business

☐ Foreign : a document issued by a trustworthy state agency or organization as a proof of legal entity for no longer than 6 months

☐ Power of attorney (if any) ☐ Seal of a legal entity (if any)

1.2 For a government agency / government organization / state enterprise / any other legal entity i.e. foundation, association, club, temple

(Please provide one of the following documents)

☐ A letter of intent to conduct a transaction ☐ a letter of designation or authorization

☐ A registration certificate issued by state agency

2. Information of authorized signatory(s) or an attorney-in-fact, who conducts the transaction

(Please provide one of the following documents)

☐ National ID card ☐ Government official card / state enterprise official card ☐ Driver's license

☐ Alien certificate of identity ☐ Passport

I certify that the details provided in this Know Your Customer form are correct and true in all aspects.

Signed .....

(.....)

The authorized signatory(s) or an attorney-in-fact

Date ...../...../.....

Officer's part: Customer Code .....

Officer's name ..... Branch .....