



**UNITED**

**CUSTOMER INFORMATION FORM**

Title  Mr.  Mrs.  Ms.  Rev.  Dr.  Prof.  Other: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth **DD/MMM/YYYY** \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address  as above) \_\_\_\_\_

Country of: Birth \_\_\_\_\_ of: Residence \_\_\_\_\_

National Reg. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Mobile Tel. No. \_\_\_\_\_

Email Address \_\_\_\_\_

Policy Number or Vehicle Registration Number \_\_\_\_\_  
(only one needed)

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_