



LIB INSURANCE BROKERS LIMITED

RC: 621414



LIB PROFESSIONALS REGISTRATION FORM

THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTERS, CHARACTERS AND MARKS SHOULD BE SIMILAR IN STYLE TO [checkbox]

PERSONAL DETAILS

Title [ ] Surname [ ]

First Name [ ] Other name [ ]

Marital Status Single [ ] Married [ ] Others (Specify) [ ] Gender: F [ ] M [ ]

Place of Birth [ ] Date of Birth [D][D][M][M][M][Y][Y][Y][Y]

Nationality: Nigerian [ ] Others (Specify) [ ]

CONTACT DETAILS

Residence Address [ ]

Nearest Bus Stop [ ] City/Town [ ]

Office Address [ ]

Nearest Bus Stop [ ] City/Town [ ]

Phone No. 1 [ ] Phone No. 2 [ ]

Email [ ]

ACCOUNT DETAILS

Bank Name [ ]

Account Number [ ]

Account Name [ ]

Signature

Terms and Conditions

LIB Professionals earn 50% of the total commission received by LIB Insurance Brokers on every successful referral transaction.