



**KNOW YOUR CUSTOMER (KYC): INDIVIDUALS FORM**

THIS KYC FORM MUST BE COMPLETED IN BLOCK CAPITAL LETTERS AND SIGNED BY THE POLICYHOLDER.

Form last completed on

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**PERSONAL DETAILS**

Surname:..... Title: .....  
Name (s):..... Date of Birth:.....  
Nationality:.....  
Omang/Passport Number:..... Expiry Date:.....  
Occupation:..... Place of Work: .....  
Employer:..... Work Tel Number:.....

**ADDRESS AND CONTACT DETAILS**

Postal Address:.....  
Physical Address:.....  
Village/Town/City:..... Country:.....  
Duration of Stay: .....  
If less than 2 years give previous residential address:.....  
Telephone:..... Mobile:.....  
Email Address:.....

**BANKING DETAILS**

Bank Name:..... Branch:.....  
Account Number:..... Account Type:.....  
Source of Funds:.....

The following documents should be provided for verification in accordance with the Financial Intelligence Regulations:

- Identification document e.g. Certified copy of ID, Passport/ Work and residence permit for foreign nationals.
- Source of funds /Proof of Income e.g. pay slip, bank statement, confirmation of employment letter.
- Proof of residence-Utility bill (not more than 3months) or lease agreement or tittle deed or letter from employer or affidavit from Commissioner of Oaths.

**PROMINENT INFLUENTIAL PERSON – SELF DECLARATION**

AS PER THE FINANCIAL INTELLIGENCE ACT, ANY **PROMINENT INFLUENTIAL PERSON (PIP) / POLITICALLY EXPOSED PERSON (PEP)** MUST COMPLETE THE BELOW SELF DECLARATION.

Please tick the relevant box, indicating the position you hold or held (within the last 5 years):

<input type="checkbox"/>	Head of State, Head of Government, Minister or Deputy or Assistant Minister
<input type="checkbox"/>	Speaker or Deputy Speaker of the National Assembly
<input type="checkbox"/>	Councillor
<input type="checkbox"/>	Senior Government Official
<input type="checkbox"/>	Judicial Officer

<input type="checkbox"/>	Member of Parliament (or similar Legislative Body)
<input type="checkbox"/>	Senior Executive of a Private Entity or Public Body or Political Party
<input type="checkbox"/>	Kgosi
<input type="checkbox"/>	Religious Leader
<input type="checkbox"/>	Senior Executive of International Organisation operating in Botswana

**Title of Position:**.....

**Jurisdiction of Position :**.....

**During what time period is / was the position held:**

**Starting Date:** .....

**Ending Date:** .....

**PIP / PEP IN YOUR IMMEDIATE FAMILY AND OR / WHO IS A CLOSE ASSOCIATE.**

**Surname:**.....

**Title:** .....

**Name (s):**.....

**Relationship:** .....

**Title of Position:**.....

**Jurisdiction of Position :**.....

**During what time period is / was the position held:**

**Starting Date:** .....

**Ending Date:** .....

**DECLARATION**

I hereby declare that the details provided above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misrepresenting, I am aware that I may be liable for it.

FULL NAME (PRINTED):.....

PLACE:.....

DATE:.....

SIGNED:.....