



Botswana Life

KNOW YOUR CUSTOMER: **NON-INDIVIDUALS**

Please use black pen and block letters. TICK APPROPRIATE BLOCK UNLESS OTHERWISE INDICATED

CORPORATE ENTITY

Company Name	_____	Registration No	_____
Postal Address	_____		
Physical Address	_____		
Email Address	_____	Country of Incorporation	_____
Website	_____		
Brief description of business	_____		

CONTACT PERSON

Title	_____	Name(s)	_____	Surname	_____
Date of Birth	_____			National ID / Passport No	_____
Nationality	_____			Capacity / Position	_____
Email	_____			Telephone	_____
Physical Address	_____			Fax	_____
Village / Tow / City	_____			Country	_____

BANKING DETAILS

Bank Name	_____	Branch	_____
Account Number	_____	Account Type	_____

DECLARATION OF BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is / are the ultimate beneficial owners(s) of the Company through ownership in the intermediate or ultimate holding companies.

Full Name	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

ANTI - MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations, the following documents should be provided for verification:

Natural Persons

- Identification document e.g. certified copy of ID / Passport - affidavit for foreigners work permit
- Source of funds / proof of income
- Proof of residence e.g. latest of either telephone bill, electricity bill, water bill, lease agreement, tribal authority letter or letter from employer

Company

- Certification of incorporation
- Memorandum and Articles of Association
- Notice of Registered Office and Postal Address
- Identification documents of the person(s) managing the company
- Resolution specifying who is authorised to act on behalf of company
- Identification document(s) of the person(s) authorised to act on behalf of the company
- Director of shareholding, Document (form 13/14) (shareholder certificate)

Partnerships

- Partnership agreement
- Identification documents of the natural persons who are partners e.g. Certified copy of ID / Passport
- Resolution specifying who is authorised to act on behalf of the partnership
- Identification document(s) of the person(s) authorised to act on behalf of the partnership

DECLARATION

I hereby declare that the details furnished 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 misleading or misrepresenting, I am aware that I may be liable for it.

Full Name Date

D	D	M	M	Y	Y	Y	Y
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Place Signature