



KNOW YOUR CUSTOMER: **LEGAL ENTITIES**

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	_____		
Industry	_____		

CONTACT PERSON

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

BANKING DETAILS

Bank Name	_____	Branch	_____
Account Number	_____	Account Type	_____

DECLARATION OF BENEFICIAL OWNERSHIP

The Company completing this KYC form is required to confirm and declare the ultimate beneficial owner(s) of the Company, through shareholding ownership in the Company. An ultimate beneficial owner should be a natural person who ultimately owns or controls the Company by holdings more than 10% shares in the company. Please input the details of such ultimate beneficial owner in the spaces provided below, or in necessary in a separate document to be attached.

Full Name	Residential Address	Date of Birth	Nationality	Oman/ Passport Number	Oman/ Passport expiry date	(%) 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

1. Identification document within 6 months validity i.e Certified Omang for citizens; Certified Passport including work and residence permit or exemption for foreign nationals; Certified Refugee Identity Card for refugees
2. Proof of source of funds/income i.e. utility bill (not older than 3 months); recent 3 months bank statements; letter from employer.
3. Proof of residence i.e. utility bill (not older than 6 months); valid lease agreement (within lease period); letter from employer (not older than 3 months); letter from Tribal Authority; Affidavit from Commissioner of Oaths; Title Deed; Council rates receipt
4. Certified Birth Certificate for policies taken out under the name of a minor child.

Companies

1. Copy of Certificate of Incorporation
2. Copy of Constitution (if applicable as per company extract)
3. Notice of Registered Office & Address (Company extract to suffice)
4. Shareholder Certificates (Company extract to suffice)
5. Details of Directors (Company extract to suffice)
6. Certified copy of valid identification documents of ALL directors (omang for citizens, passport for non-citizens, refugee identity card for refugees)
7. Certified copy of valid identification documents of all shareholders (omang for citizens, passport for non-citizens, refugee identity card for refugees)
8. Resolution specifying who is authorised to act on behalf of the company
9. Certified copy of valid identification document of persons authorised to act on behalf of the company if either than the named directors (omang for citizens, passport for non-citizens)
10. Valid Tax Clearance Certificate
11. Proof of Banking Details

Partnerships

1. Copy of Certificate of registration (where applicable)
2. Copy of Partnership agreement
3. Certified copy of valid Identification documents for partners and persons authorized to act on behalf of the partnership (if either than the named partner)- (omang for citizens, passport for non-citizens)
4. Copy of resolution authorizing the transaction/ business relationship and specifying who is authorized to act on behalf of the partnership
5. Details of registered office and place of business & Proof of Address
6. Valid tax clearance certificate
7. Proof of Banking details

Trusts

1. Copy of Trust deed or other founding documentation
2. Certified Copy valid Identification documents for each trustee, beneficiary, founder and person(s) authorized to act on behalf of the trust
3. Copy of resolution authorizing the transaction/ business relationship and authorizing a person/s to act on behalf of trust
4. Details of registered office & Proof of Address
5. Proof of Banking Details

Societies

1. Copy of Certificate of registration or other founding documentation
2. Copy of Constitution/Rules/Bye Laws
3. Certified copy of valid identification documents for office bearers
4. Certified copy of valid identification document(s) of the person(s) authorized to act on behalf of the society/ church/ club
5. Details of registered office & proof of residence
6. Copy of resolution authorizing the transaction/ business relationship and specifying who is authorised to act on behalf of the entity
7. Nature of business (Where applicable)
8. Proof of Banking Details

Parastatals/SOE:

- 1. Copy of Act of Parliament
- 2. Proof of physical address
- 3. Resolution specifying who is authorised to act on behalf of the entity & authorising the transaction/ business relationship
- 4. Certified copy of valid identification documents of all authorised signatories
- 5. Tax clearance certificate or exemption certificate
- 6. Proof of Banking Details

Foreign Missions/Embassies:

- 1. Certificate of registration or other founding documentation
- 2. Certified copy of valid identification documents for office bearers
- 3. Certified copy of valid identification document(s) of the person(s) authorized to act on behalf of the embassy
- 4. Details of registered office & proof of residence
- 5. Copy of resolution authorizing the transaction/ business relationship & specifying who is authorised to act on behalf of the entity
- 6. Proof of Banking Details

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

PROTECTION OF PERSONAL DATA NOTICE

CLIENT INFORMATION SHARING CONSENT

Botswana Life Insurance Limited ("Botswana Life") will process and protect your personal information as required by relevant laws in the provision of services. Such processing may include personal identifiable information as well as financial and relevant health information. You have the right to ask us for a copy of your personal information and to update or correct. Our complete privacy policy is available on our company website.

We collect, process, record, collate, store, analyse, disclose and disseminate personal information for purposes:

- to conclude and administer your account or policy(ies) which may include underwriting;
- collection of payments;
- assessing and processing amendments and claims/pay-outs;
- to comply with all legal and regulatory requirements, including applicable prudential rules and codes of conduct in our industry
- to protect the Botswana Life's interests;
- reinsurance; and
- any purposes related to the above.

If you do not provide the requested information, the Botswana Life cannot provide the requested services.

By signature hereof, you give consent for sharing of your personal information with Botswana Life Insurance Limited, including its parent company Botswana Insurance Holdings Limited and its subsidiaries (collectively "the BIHL Group") in connection with services rendered by the Group and with other service providers where required for any of the purposes listed above, including law enforcement agencies.

We may send your personal information to service providers outside Botswana for the storage or further processing on the Botswana Life's behalf. We will ensure we adhere to the provisions of the Data Protection Act before such transborder transfer of your personal information. Botswana Life may provide you with information about its financial products and other services which may include text messages, emails and other related platforms. If you do not wish to receive such information, you have the right to withdraw such consent.

Client Consent Declaration

- I/We understand that the Botswana Life may hold information gathered about me from the other BIHL Group subsidiaries and as such my rights under the Data Protection Act will not be affected.
- I/We understand that all my personal information is treated as private and confidential by BLIL staff, independent contractors, agents and volunteers.
- I/We understand that personal information is held about me.
- I/We have had the opportunity to discuss the implications of sharing or not sharing information about me.
- I/We have the right to see any information that Botswana Life holds about me, and to have my details removed.
- I/We understand my/our right to privacy and the right to have my/our personal information processed in accordance with the conditions for the lawful processing of personal information.
- I/we consent to share my/our personal information voluntarily and understand that such consent may be withdrawn at any time.
- I/We agree that personal information about me may be shared and gathered from the following BIHL Group companies (including their subsidiaries):

a) Botswana Insurance Fund Management Limited (BIFM)

b) BIFM Unit Trusts (Pty) Limited (BIFM UT)

c) Botswana Life Insurance Limited (BLIL)

d) Botswana Insurance Company Limited (BIC)

e) BIHL Insurance Company trading as Legal Guard

f) Botswana Life Insurance Holdings Limited - BIHL

Full Names: _____ Capacity: _____

Authorised Signature: _____ Date:

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