

KNOW YOUR CUSTOMER FORM FOR NON-INDIVIDUALS

BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME Administered by Associated Fund Administrators Botswana (Pty) Ltd.
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www.bpomas.co.bw  Botswana Public Officers' Medical Aid Scheme



Botswana has implemented a law known as the Financial Intelligence (Amendment) Act 2019 and its Regulations, to combat money laundering (and other financial crimes), which is the abuse of financial systems to hide and/or disguise the proceeds of crime. In terms of this Act and its Regulations, BPOMAS is required before establishing a business relationship or carrying out a transaction, to obtain and verify, at a minimum, a prospective customer's identity, address and source of funds. Please play your part as a member to assist us in complying with these customer due diligence obligations by completing this form and submitting the attachments listed below.

IDENTITY DETAILS

Registered Name	<input type="text"/>
Trading Name (If applicable)	<input type="text"/>
Registration Number	<input type="text"/>
Nature of Business	<input type="text"/>
Head of Business/Authorised Signatory's Full Name	<input type="text"/>
Head of Business/Authorised Signatory's Nationality	<input type="text"/>
Head of Business/Authorised Signatory's Date of Birth	<input type="text"/>
Head of Business/Authorised Signatory's Identification Document Number	<input type="text"/>

ADDRESS AND CONTACT DETAILS

Head Office Address (If Foreign company operating in Botswana)	<input type="text"/>
Operating Address (In Botswana)	<input type="text"/>
Nature of Business	<input type="text"/>
Mobile/Telephone number	<input type="text"/>
Email Address	<input type="text"/>
Website (if applicable)	<input type="text"/>

BANKING AND FINANCIAL DETAILS

Source of Funds for the transaction	<input type="text"/>
Income Tax Number	<input type="text"/>
Value Added Tax Number	<input type="text"/>
Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="text"/>

BENEFICIARY DETAILS

Shareholder/ Beneficiary Full Name	Shareholder/ Beneficiary Nationality	Shareholder/ Beneficiary Date of Birth	Shareholder/ Beneficiary Identification Document	Level of Shareholding/ Benefit

Director's Full Name	Director's Nationality	Director's Date of Birth	Director's Identification Document Number

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

The Following Supporting verification documentation should be provided:

- Incorporation Document (Certificate of Incorporation for companies, Certificate of Registration, Deed of Trust, etc)
- Proof of Residential Address (Utility Bill, Lease agreement, Title Deed, Affidavit, etc)
- Resolution authorising one to act on behalf of the company
- Head of Business/Authorised Signatory's Identification
- Document (Omang for citizens, Passport for non-citizens)
- Proof of Bank account
- Proof of income tax registration and/or VAT registration (as applicable)
- Evidence of current shareholding
- Shareholder Identification Document (Omang for citizens, Passport for non-citizens)
- Directors Identification Document (Omang for citizens, Passport for non-citizens)

DECLARATION

I hereby declare that all the information given above is true, correct and binding on my conscience and undertake to inform the Scheme of any changes therein, immediately. In the event any of the above information is found to be false and misleading, I am aware and understand that I may be held liable.

Full name Date Signature: _____