

KNOW YOUR CUSTOMER INDIVIDUAL FORM

ADMINISTRATORS OFFICE GABORONE

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BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

***Please complete in block letters, tick appropriate blocks unless otherwise indicated**

Botswana has implemented a law known as the Financial Intelligence Act 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.

Requirements

- Complete the KYC application form

Attachments

- Certified copy of valid identification document (Omanq for citizens & passport for foreign nationals)
- Proof of residential address (confirmation letter/affidavit/utility bill/lease agreement/title deed)

- Proof of source of income and occupation (confirmation letter/bank statement/payslip)

SECTION 1: ABOUT YOUR SELF (PRINCIPAL MEMBER)

Marital Status: Married Single Divorced Widowed

Title Initials Surname

First Name(s) Sex M F Date of Birth

Membership Number ID or Passport Number

Cell Tel (H) Tel (W)

Email

Postal Address

Physical Address

SECTION 2: BANK DETAILS OF PRINCIPAL MEMBER

Please note: we can not accept credit card account details

Name of Employer

Occupation Basic Salary P

Bank Name Branch Name

Branch Code Account Number

Account Type Current Savings

SECTION 3: CONSENT

In light of the Data Protection Act, I hereby consent to the processing of my personal data, which includes the collection, recording, storage, gathering, use, disclosure by transmission, dissemination of such information in line with the Scheme services.

Full name

Signature of Member: _____ Date: _____

SECTION 4: BPOMAS COMMITMENT

The Scheme is committed to ensuring compliance with the Data Protection Laws of Botswana and that the information collected is used only for the purpose intended.

SECTION 5: CONSENT TO RECEIVE SCHEME UPDATES & MARKETING MATERIAL

I consent to receive Scheme updates and Marketing BPOMAS products, benefits, promotions and rewards. This can be performed through:

Email SMS Phone Postal Address

Signature of Member: _____ Date: _____

SECTION 6: BPOMAS DATA PROTECTION AND PRIVACY STATEMENT

Data protection is a matter of trust and your trust is important to us. We respect your right to confidentiality and privacy and, we are committed to complying with the Data Protection Act. The protection and the lawful collection, processing and use of your personal data is therefore an important concern for us in the provision of our services to our members.

SECTION 7: ACKNOWLEDGEMENT AND CONSENT BY MEMBER

7.1 Acknowledgement

I hereby expressly acknowledge that the processing of my Personal Information and/or Special Personal Information by BPOMAS ("collectively referred to as "Personal Information"), as defined in terms of the Data Protection Act of 2018 (DPA). I acknowledge that;

7.1.1 I have read and understood the provisions of BPOMAS's Data Protection and Privacy Statement, thereby fully appreciating the manner in which BPOMAS may process my Personal Information and for which purpose(s) BPOMAS may process such Personal Information.

7.1.2. Through submitting this application, I am providing BPOMAS with my Personal Information and that engaging with BPOMAS through any physical and/or electronic means, BPOMAS will in effect be processing the Personal Information provided by me from time to time.

7.1.3 BPOMAS may from time to time, depending on the circumstances, collect my Personal Information from another source other than myself.

7.1.4 I fully appreciate that BPOMAS will only process my Personal Information in a manner consistent with the provisions of its Data Protection Act, as well as for the purpose(s) set forth therein.

7.1.5 In accordance with the provisions of Section 28 of DPA, I have been provided with adequate notification of the processing of my Personal Information by BPOMAS, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so, and to request for access/destruction of my Personal Information that is held by BPOMAS.

7.1.6 I acknowledge that the processing of my Personal Information is a mandatory requirement for the existence of a valid medical aid.

7.1.7 I have read and understood the undertakings made by BPOMAS in its Data Protection and Statement to the effect that it will ensure that any and all of personal Information shall be processed with a reasonable standard of care as may be expected from BPOMAS.

7.2 Consent

In light of the above acknowledgements, and in accordance with the requirements set forth in Section 20 of Data Protection Act, I hereby provide my specific and informed consent to BPOMAS for the processing of my Personal Information for any purpose(s) legitimately connected or related to my application for membership, which purpose(s) may include, but not be limited to the following:

7.2.1 To provide or manage any information, products and/or services requested by me pursuant to my application for membership.

7.2.2 To establish my needs, requirements and preferences in relation to the products and/or services provided by the BPOMAS.

7.2.3 To facilitate the delivery of products and/or services to me as a member of BPOMAS to administer my claims and premiums.

7.2.4 To activate my medical aid and/or prescribed benefits to allocate a unique identifier (membership number) to me for the purpose of securely storing, retaining, and recalling my Personal Information from time to time, including after my membership is terminated.

7.2.5 To transact with suppliers and business partners, including healthcare service providers, network hospitals, pharmacies and relevant regulatory authorities to facilitate the delivery of products and/or services to me.

7.2.6 To provide me with health and wellness information throughout the subsistence of my membership.

7.2.7 To transact with third parties and transfer my Personal Information (locally or across border) to such third parties for the purpose of enabling BPOMAS to fulfil its legitimate pursuit of contractual obligations towards me and within the requirements of the Data Protection Act.

7.2.8 To analyse and profile my Personal Information collected for research and statistical purposes.

7.2.9 For general administration purposes pertaining to my membership.

Signature of Member: _____ Date: _____

SECTION 8: KYC FORM CHECKLIST

NB: Members will be subjected to sanctions Screenings and Anti-Money Laundering/Combating Financing of Terrorism & Proliferation (AML/CFT &P) control measures as required by applicable legislations .

	Yes	No
Certified Copy of Omang (Passport for foreign Nationals)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Proof of Source of Funds (Copy of payslip, Bank Statement of Confirmation Letter)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Proof of Address (Confirmation Letter, Affidavit, Copy of Lease)	<input type="checkbox"/>	<input type="checkbox"/>