

KNOW YOUR CUSTOMER FORM INDIVIDUAL FORM

BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME Administered by Associated Fund Administrators Botswana (Pty) Ltd.

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 www.bpoma.s.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.

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

About yourself (principal member)

Marital Status: Married Single Divorced Widowed

Title Initials Surname

First name(s) Sex M F Date of birth

Membership No: Source of income State nature of business if funds are received from source other than salary

ID or passport number Country of Issue

Cell Tel (H) Tel (W) Fax

Email

Postal Address Village/Town Physical Address

Duration of stay for "non citizens" If less than 2 years state previous country of residence

Your Employment & Banking details

Name of Employer

Occupation

Bank name Branch Name

Account number Type of account Cheque Savings

Account holder

Employer Warranty

We warrant that the individual detailed in the first section of this application form is an employee of our organisation.

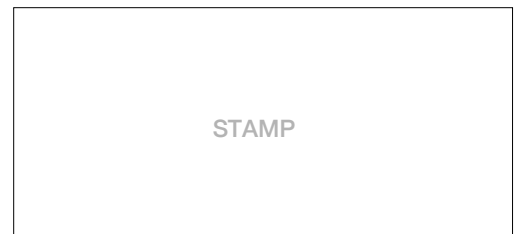
Name

Designation

Email

Telephone

Postal Address



Authorised Signatory: _____

FIA REQUIREMENTS

In compliance with the FIA regulations, the following documents should be provided

- Certified copy of Valid Identification Document (Omang for Citizens & Passport for Foreign Nationals)
- Proof of Residential Address (Utility Bill, Lease Agreement, Title Deed, Letter from Kgosi, Affidavit)
- Proof of Source of Income and occupation (Payslip, letter of employer, bank statement)

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: _____