

# MINET BOTSWANA KYC FORM

## FOR INDIVIDUALS

THIS IS A REQUIREMENT BY THE FINANCIAL INTELLIGENCE ACT & IT IS MANDATORY FOR ALL NBFIRA REGULATED ENTITIES(sec 16)

Failure to complete the form may lead to cancellation of existing business or refusal to enter into a new business relationship.

FORM LAST COMPLETED IN (MM/YR).....

### PERSONAL DETAILS

Title\_\_\_\_\_ Name(s)\_\_\_\_\_ Surname \_\_\_\_\_

Date of birth\_\_\_\_\_ National ID/Passport No/Refugee ID No\_\_\_\_\_

Date of expiry (ID)\_\_\_\_\_ Nationality\_\_\_\_\_

Occupation\_\_\_\_\_ Employer \_\_\_\_\_

### CONTACT DETAILS

Telephone \_\_\_\_\_ Mobile\_\_\_\_\_ Email address \_\_\_\_\_

Postal Address \_\_\_\_\_ Residential address \_\_\_\_\_

Village / Town / City \_\_\_\_\_ Country\_\_\_\_\_

Proof of residence submission : Utility Bill ☐ Title Deed ☐ Letter of employment ☐

Affidavit ☐ other (specify ) \_\_\_\_\_

### BANKING DETAILS

Account Name\_\_\_\_\_ Account Number \_\_\_\_\_

Bank \_\_\_\_\_ Branch Code \_\_\_\_\_ Branch \_\_\_\_\_

Source of income \_\_\_\_\_ Other incomes \_\_\_\_\_

\_\_\_\_\_  
Initials

## PROMINENT INFLUENTIAL PERSON- SELF DECLARATION

Please tick the appropriate box to indicate the position you hold or have held in the past 5 years

Head of state, Vice president , Minister or Assistant Minister		Senior executive of a public body	
Speaker of the National assembly, Deputy speaker or member of the National Assembly		Senior executive of a private entity (turnover P1m)	
Kgosi		Senior executive of a political party	
Senior Government Official		Senior executive of an international organisation operating in Botswana	
Judicial Officer			
Councillor			

Title of position \_\_\_\_\_

Duration / Term : Start date \_\_\_\_\_ End date \_\_\_\_\_

### PIP IN THE IMMEDIATE FAMILY OR CLOSE ASSOCIATE

Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Title of Position held \_\_\_\_\_ Relationship \_\_\_\_\_

Duration / Term : Start date \_\_\_\_\_ End date \_\_\_\_\_

## DOCUMENTATION

The following documents should be provided for verification in accordance with the Financial Intelligence Regulations

1. Certified copy of Omang (citizen) or Passport (foreign nationals) or Refugee ID
2. Proof of residential address (should be in the name of the client)
3. Proof of income (e.g. Payslip, letter of employment, bank statement for self-employed reflecting income credits, pension fund letter of transfer etc.)

**NB. For proof of residence and proof of income kindly submit documents not older than 3months**

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform Minet of any changes, additions and or alterations 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 shall be held liable for such false, untrue, misleading or misrepresentative information and the effects thereof

Full Name: \_\_\_\_\_ Capacity \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Initials

## PROCESSING OF PERSONAL INFORMATION

### Acknowledgement

In order for Minet Botswana to onboard you, and or mantain a business relationship for purposes of insurance cover broking; it will be necessary for Minet to process your personal information in accordance with the Data Protection Act, 2018. Processing of personal information for onboarding may include but is not limited to collection, use for statistical purposes, storage and distribution to business associates.

By signing below you acknowledge and accept that Minet may onboard you, while conforming to the FI Act. Furthermore, the company may require to collect more information and do background checks in accordance with the company risk management framework. You agree that your information may be forwarded to other business assocites needed in the insurance business such as underwriters, auditors, actuaries, fund managers etc( some maybe outside the Republic of Botswana).

Full Name: \_\_\_\_\_ Capacity \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature \_\_\_\_\_

### FOR OFFICIAL USE

Reviewed by (Account handler ) Full Name: \_\_\_\_\_ Date \_\_\_\_\_

Approved by : Full Name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Initials