ITSHETSENG
SAVINGS & CREDIT COOPERATIVE SOCIETY
Tshwaragano ke Maatla
5301478 FAX: 5301579 | P O BOX 10228 LOBATSE | PELENG EAST PLOT 4691 | itshetseng@btcmail.co.bw | Itshetseng SACCOS

KNOW YOUR CUSTOMER (KYC): INDIVIDUALS FORM

THIS KYC FORM MUST BE COMPLETED IN BLOCK CAPITAL LETTERS AND SIGNED BY THE POLICYHOLDER.

Form last completed on | M | M | Y | Y | Y | Y |

PERSONAL DETAILS

Surname:…… **Title:** ……

Name (s):…… **Date of Birth:**……

Nationality:……

Omang/Passport Number:…… **Expiry Date:**……

Occupation:…… Place of Work: ……

Employer:…… **Work Tel Number:**……

ADDRESS AND CONTACT DETAILS

Postal Address:……

Physical Address:……

Village/Town/City:…… **Country:**……

Duration of Stay: ……..

If less than 2 years give previous residential address:……

Telephone:…… **Mobile:**……

Email Address:……

BANKING DETAILS

Bank Name:…… **Branch:**……

Account Number:…… **Account Type:**……

Source of Funds:……

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

- Identification document e.g. Certified copy of ID, Passport/ Work and residence permit for foreign nationals.
- Source of funds /Proof of Income e.g. pay slip, bank statement, confirmation of employment letter.
- Proof of residence-Utility bill (not more than 3months) or lease agreement or tittle deed or letter from employer or affidavit from Commissioner of Oaths.

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PROMINENT INFLUENTIAL PERSON – SELF DECLARATION

AS PER THE FINANCIAL INTELLIGENCE ACT, ANY ***PROMINENT INFLUENTIAL PERSON (PIP) / POLITICALLY EXPOSED PERSON (PEP)*** MUST COMPLETE THE BELOW SELF DECLARATION.

Please tick the relevant box, indicating the position you hold or held (within the last 5 years):

	Head of State, Head of Government, Minister or Deputy or Assistant Minister
	Speaker or Deputy Speaker of the National Assembly
	Councillor
	Senior Government Official
	Judicial Officer

	Member of Parliament (or similar Legislative Body)
	Senior Executive of a Private Entity or Public Body or Political Party
	Kgosi
	Religious Leader
	Senior Executive of International Organisation operating in Botswana

Title of Position:……

Jurisdiction of Position :……

During what time period is / was the position held:

Starting Date: …….. **Ending Date:** ……

PIP / PEP IN YOUR IMMEDIATE FAMILY AND OR / WHO IS A CLOSE ASSOCIATE.

Surname:…… **Title:** ……

Name (s):…… **Relationship:** ……

Title of Position:……

Jurisdiction of Position :……

During what time period is / was the position held:

Starting Date: …….. **Ending Date:** ……

DECLARATION

I hereby declare that the details provided 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 misrepresenting, I am aware that I may be liable for it.

FULL NAME (PRINTED):……

PLACE:…… DATE:……

SIGNED:……