



Health & Happiness at Heart

KNOW YOUR CUSTOMER

INDIVIDUAL

Please use black pen and block letters.

Form last completed in [D][D][M][M][Y][Y][Y][Y]

Membership Number [][][][][][][][][] - [][][]

(Tick) Individual Member Corporate Member Premium Payer

IDENTITY DETAILS

Title [] Full Name(s) []

Surname [] Nationality []

Date of Birth []

Omang / Passport 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 []

Fax [] Email Address []

Employer [] Place of Work []

Occupation [] Work Tel No. []

BANKING DETAILS

Bank Name [] Branch []

Account Number [] Account Type []

Source of Funds []

State nature of business if funds received from sources other than salary []

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

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

Natural Persons

- Identification document e.g. certified copy of ID / Passport - work & residence permit for foreign nationals
- Source of funds / proof of income e.g. pay slip / bank statement / affidavit
- Proof of residence - Utility bill (not older than 3 months) / lease agreement or title deed / letter from employer / affidavit from Commissioner of Oath
- Birth Certificate - for medical aid taken under the name of a minor / child

DECLARATION

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

Full Name _____

Date

D	D	M	M	Y	Y	Y	Y
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Place _____

Signature _____

AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS

I, the undersigned

**NAMES OF
MEMBER:
ID NO:**

Full names as they appear on ID/Passport

To be filled out by citizens of Botswana

PASSPORT NO:

To be filled out by non- citizens

Do hereby make oath and state that:-

1. The contents of this affidavit are within my personal knowledge, save where indicated, and the same are true and correct to the best of my knowledge and belief.
2. I am an adult female/male of full legal capacity residing at Physical address (Plot number/ Street name/ Kgotla/Ward (Fill out as appropriate)) and of postal address P O BOX / Private Bag _____
3. I am currently employed by Name of employer or Self Employed as Job title/ Position/ Business done if self employed.
4. I verify that the contents in this affidavit are true.

DEPONENT

THUS DONE AND SWORN TO AND SIGNED BEFORE ME AT _____ THIS _____ DAY OF _____ AT _____ AM/PM. THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, ADHERES THERETO, HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH, WHICH HE/SHE CONSIDERS BINDING ON HIS/HER CONSCIENCE, THE PROVISIONS OF THE RULES OF THE COMMISSIONER OF OATHS ACT HAVE BEEN FULLY COMPLIED WITH.

COMMISSIONER OF OATHS