

# KNOW YOUR CUSTOMER INDIVIDUAL FORM

## ADMINISTRATORS OFFICE GABORONE

Plot 54349, Ground Floor, West Wing,  
The Field Precinct, CBD  
Premium Box 625 AAH, Gaborone  
Tel: +267 316 8900  
Fax: +267 316 8910

## ADMINISTRATORS OFFICE FRANCISTOWN

Plot 32397, Office 26, Sunshine Plaza  
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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 2022 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
- Have it signed and stamped by your employer

### Attachments

- 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, confirmation letter from employer, bank statement)

## 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

Occupation  Payroll number

Membership Number  ID or Passport Number

Country of Issue

Cell  Tel (H)  Tel (W)  Fax

Email

Postal Address	<input type="text"/>
Physical Address	<input type="text"/>

## 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

Type of account Current  Savings  Account holder

## SECTION 3 - 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: \_\_\_\_\_

Stamp
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## SECTION 4 - 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 5 - 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 6 - KYC FORM CHECKLIST

**NB:** Members will be subjected to sanctions Screening and Anti-Money Laundering/Combating Financing of Terrorism & Proliferation (AML/CFT &P) due diligence measures.

	Yes	No	N/A	Comments
Certified copy of Omang (Passport for foreign nationals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proof of source of funds (Copy of payslip, bank statement of confirmation letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proof of address (Confirmation letter, affidavit, copy of lease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>