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

MVA House, Francistown
Plot 441149, CBD Third Floor
Tel: +267 316 8900/8901
Fax: +267 316 8910

bpomas
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 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

For Submissions

- Form and attachements to be emailed to **kyc@bpomas.co.bw**

Attachments

- Certified copy of valid identification document (Omang for citizens & passport for foreign nationals)
- Proof of residential address (confirmation letter/affidavit lease agreement/title deed)
- Proof of source of income (confirmation of bank account letter/payslip/bank statement), not older than 3 months

SECTION 1: ABOUT YOUR SELF (PRINCIPAL MEMBER)

Title ☐ Initials ☐ Surname ☐

First Name(s) ☐ Sex M ☐ F ☐ Date of Birth D D M M Y Y Y Y

Membership Number ☐ ID or Passport Number ☐

Cell ☐ Alternate Cell ☐ Tel (h) ☐ Tel (W) ☐

Email ☐

Postal Address	
Residential Address	

SECTION 2: NEXT OF KIN

Title ☐ Initials ☐ Surname ☐

First Name(s) ☐ Relationship: ☐

Cell ☐ Alternate Cell ☐ ID or Passport Number ☐

Purpose:
This section allows the principal member to designate individuals who may access their records or act on their behalf in specific circumstances, such as when they are unavailable or unable to be contacted. This includes authorising a parent, legal guardian, or any trusted individual to assist with matters concerning their dependants or their own membership.
Terms & Conditions: * Authorisation and designation are based on good faith and valid only when the principal member is unable to be reached and may be revoked or modified by the principal member at any time. *Access may be limited to information retrieval only, with no decision-making.

SECTION 3: EMPLOYMENT DETAILS

Name of Employer ☐

Occupation ☐ Basic Salary **P** ☐

SECTION 4: BANK DETAILS OF PRINCIPAL MEMBER

Note: We do not accept credit card account details

Bank Name ☐ Branch Name ☐

Account Number ☐ Account Type Current ☐ Savings ☐

Account Holder ☐

SECTION 5: PROMINENT INFLUENTIAL PERSON DECLARATION

As per the Financial Intelligence Act, any **Prominent Influential Person (PIP)** must complete the below self declaration.

Prominent Influential Person (PIP) shall mean a person connected to another person socially, professionally or through business interests or activities. This person should be a close associate or immediate member of the family or an international organisation (Immediate member of the family means a spouse son, daughter,sibling or parent.)

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

- ☐ President, Vice President and Cabinet Minister
- ☐ Speaker or Deputy Speaker or Member of the National Assembly
- ☐ Councillor
- ☐ Senior Government Official appointed by the President or Permanent Secretary or Minister
- ☐ Member of Parliament (or similar Legislative Body)
- ☐ Senior Executive of a Private Entity or Public Body or Political Party
- ☐ House of Chiefs
- ☐ Senior Executive of International Organisation Operating in Botswana
- ☐ Judicial Officer

Title of Position _____

PIP IN YOUR IMMEDIATE FAMILY (AND/OR A CLOSE ASSOCIATE)

Title ☐ Initials ☐ Surname ☐

First Name(s): ☐ Relationship: ☐

Title of Position: ☐

SECTION 6: MEMBER BENEFIT COMMUNICATION/UPDATES AND PREFERRED MODE OF COMMUNICATION

(please tick the preferred mode of communication)

BPOMAS may in line with the Rules communicate with members regarding benefits, claims, healthcare services, contribution changes, rule amendments, compliance notices and other matters necessary for the administration of membership.

I elect to receive communication regarding member benefits, claims, general healthcare services, contribution changes, rule amendments, compliance notices and other matters necessary for the administration of membership through the following mode of communication:

Email ☐ SMS ☐ Postal Communication ☐

Signature of Member: _____ Date: _____

SECTION 7: OPTIONAL MARKETING AND PROMOTIONAL COMMUNICATION

BPOMAS may wish to share information about additional products, promotions, rewards, events, special offers and other marketing initiatives. Receiving these optional communications is entirely voluntary and is not a condition of membership or access to Scheme benefits. Member personal information will not be used for marketing and promotional purposes unless the member expressly provides consent to use of such information for marketing and promotional purposes.

Please indicate whether you consent to receive marketing and promotional communication or not below (please tick your preferred option):

I CONSENT to receiving marketing and promotional communication from BPOMAS through the following mode of communication:

Email ☐ SMS ☐ Postal Communication ☐

☐ I DO NOT CONSENT to receiving marketing and promotional communications from BPOMAS.

Members may withdraw (or opt out) their consent at any time by contacting BPOMAS at **kyc@bpomas.co.bw** or **370 2900/48**.

T&Cs, E&OE Apply. These may change from time to time without notification. Where there are disputes, the prevailing Scheme Rules shall apply.

SECTION 8: BPOMAS DATA PROTECTION AND PRIVACY STATEMENT

This Privacy Statement explains how BPOMAS collects, uses, stores, and protects Personal Information, including Sensitive Health Information, in the course of delivering medical aid services to our members. We are committed to protecting your privacy and ensuring compliance with the Data Protection Act (DPA) and other applicable international data protection laws.

1.1. What Personal Information We Collect

We may collect the following types of Personal and Sensitive Information:

- Full name, date of birth, identification numbers
- Contact details (e.g., address, phone, email)
- Membership and account details
- Medical history, treatment records, and diagnostic reports
- Claims and billing information

1.2. How We Use Your Data

We use your data to:

- Provide and manage medical aid services
- Process claims and benefits
- Coordinate care with healthcare providers
- Communicate with you about your membership or benefits
- Fulfil our legal, financial, and regulatory obligations
- Research and statistical purposes
- Transact with suppliers, business partners, and healthcare service providers
- General administration purposes pertaining to my membership

1.3. Legal Basis for Processing

We process your data under:

- Contractual obligation
- Consent to the processing of your Personal Information
- Performance of a legal obligation
- Protection of our and your legitimate or vital interests

1.4. Data Sharing & Requests

We may share your data with or request data from:

- Medical professionals and healthcare providers for general meddical aid services and fraud, waste and abuse investigations
- Third-party administrators or service providers under contract
- Regulators, auditors, or insurers where legally required
- All third parties are subject to confidentiality and data protection agreements.

1.5. Data Retention

We retain personal data only as long as necessary to:

- Fulfil our contractual and legal obligations
- Meet medical, billing, or reporting requirements
- Resolve disputes and enforce rights
- Retention periods are set based on legal, regulatory, and operational needs.

1.6. Data Security

We implement appropriate technical and organisational measures to protect your data, including:

- Encryption and secure data storage
- Role-based access controls
- Regular security audits and staff training

1.7. Your Rights

You have the right to:

- Access and obtain a copy of your information
- Correct inaccurate or incomplete information
- Object to processing under certain conditions
- Request erasure or restriction of your information
- Lodge a complaint with the Information and Data Protection Commission
- To exercise any of these rights, contact us at dataprotection@bpomas.co.bw.

1.8. Transfers of Personal Data outside of Botswana

Personal Information that we collect from you may be transferred to, and stored at, a destination outside of Botswana. It may also be processed by staff operating outside Botswana who are employees of our third-party providers. Where we transfer your Personal Information outside the jurisdiction, we will endeavour to ensure that there are adequate safeguards in place, in accordance with the DPA. By submitting your Personal Information, and in providing any Personal Information to us, you agree to this transfer, storing or processing.

T&Cs, E&OE Apply. These may change from time to time without notification. Where there are disputes, the prevailing Scheme Rules shall apply.

SECTION 9: ACKNOWLEDGEMENT AND CONSENT BY MEMBER

I acknowledge that;

I have read and understood the provisions of BPOMAS's Data Protection and Privacy Statement under section 8 above, thereby fully appreciating the manner in which BPOMAS may process my Personal Information and for which purpose(s) BPOMAS may process such Personal Information.

As a member I may supply BPOMAS with my next of kin's and dependants personal information – this will only be processed where required to protect BPOMAS legitimate business interests/contractual obligations. It is my responsibility to ensure that my next of kin and/or dependents do not object to the provision and or processing of their Personal Information.

In accordance with the provisions of the Data Protection Act , I have been provided with adequate notification of the processing of my Personal Information by BPOMAS, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so, and to request for access/destruction of my Personal Information that is held by BPOMAS.

In light of the above Acknowledgements and Privacy Statement, and in accordance with the requirements set forth in the Data Protection Act, I hereby provide my specific and informed consent to BPOMAS for the processing of my Personal Information and that of my dependants for any purpose(s) legitimately connected or related to my application for membership.

Signature of Member: _____ Date: _____

SECTION 10: KYC FORM CHECKLIST

NB: Members will be subjected to sanctions Screenings and Anti-Money Laundering/Combatting Financing of Terrorism & Proliferation (AML/CFT & P) control measures as required by applicable legislations .

	Yes	No
Certified Copy of Omang (Passport for Foreign Nationals)	☐	☐
Proof of Source of Income (Confirmation of Bank Account Letter, Payslip, Bank Statement), not older than 3 months	☐	☐
Proof of Residential Address (Confirmation Letter, Affidavit, Lease Agreement, Title Deed)	☐	☐

NOTE: Completed form and attachements to be emailed to kyc@bpomas.co.bw

T&Cs, E&OE Apply. These may change from time to time without notification. Where there are disputes, the prevailing Scheme Rules shall apply.

SWORN AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS

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 44149 MVA Fund Building, 3rd Floor
Tel: +267 316 8902
Fax: +267 316 8910

bpomas
BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

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

I, the undersigned,

Name(s) of Member _____

ID No (citizens) or Passport No (Non-citizens) _____

Do hereby make oath 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 of full legal capacity residing at: _____ and of postal address _____

3. I verify that the contents in this affidavit are true

Sign here.

DEPONENT

Thus done, sworn to, and signed before me at _____ on this _____ day of _____ 20____, at _____ (Time)

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. I declare that all the information given above is true, correct and binding on my conscience.

_____
Commissioner of Oaths (name)

_____
Commissioner of Oaths (signature)

Stamp

T&Cs, E&OE Apply. These may change from time to time without notification. Where there are disputes, the prevailing Scheme Rules shall apply.