

KNOW YOUR CUSTOMER FORM FINANCIAL INTELLIGENCE ACT 2019 FOR NON-INDIVIDUALS



PULA MEDICAL AID FUND Administered by Associated Fund Administrators Botswana (Pty) Ltd.
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Form last completed In (mm/yr)

IDENTITY DETAILS

Registered Name

Trading Name (If applicable)

Registration Number

Other Name (If Foreign company operating in Botswana)

Nature of Business

Head of Business/Authorised Signatory's Full Name

Head of Business/Authorised Signatory's Nationality

Head of Business/Authorised Signatory's Date of Birth

Head of Business/Authorised Signatory's Identification Document Number

ADDRESS AND CONTACT DETAILS

Head Office Address (If Foreign company operating in Botswana)

Operating Address (In Botswana)

Nature of Business

Mobile/Telephone number

Email Address

Website (if applicable)

BANKING AND FINANCIAL DETAILS

Source of Funds for the transaction

Income Tax Number

Value Added Tax Number

Bank Name

Branch Name

Account Number

Account Type

ULTIMATE BENEFICIARY DETAILS

Shareholder/ Beneficiary Full Name	Shareholder/ Beneficiary Nationality	Shareholder/ Beneficiary Date of Birth	Shareholder/ Beneficiary Identification Document	Level of Shareholding/ Benefit

Director's Full Name	Director's Nationality	Director's Date of Birth	Director's Identification Document Number

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

The Following Supporting verification documentation should be provided:

- Incorporation Document (Certificate of Incorporation for companies, Certificate of Registration, Deed of Trust, etc)
- Proof of Residential Address (Utility Bill, Lease agreement, Title Deed, Affidavit, etc)
- Resolution authorising one to act on behalf of the company
- Head of Business/Authorised Signatory's Identification Document (Omang for citizens, Passport for non-citizens)
- Proof of Bank account
- Proof of income tax registration and/or VAT registration (as applicable)
- Evidence of current shareholding
- Shareholder Identification Document (Omang for citizens, Passport for non-citizens)
- Directors Identification Document (Omang for citizens, Passport for non-citizens)

DECLARATION

I hereby declare that the details furnished above along with any supporting documentation are true and correct for 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:
Signature

Designation/Position:
Place:

