

Section 1: Person Information

1.1 Basic information required

Registered name

Registration number Country of incorporation

Nature of business

Telephone number Mobile number

Physical address

Physical address

Income tax number VAT number

Email address

1.2 Manager (Chief Executive Officer/Managing Director) and/or authorised person(s)

Title Forenames Surname

Initials Date of birth Nationality

Identity card number Passport number Refugee identification number **(Please tick ONE)**

Identification Document Number

Position Email address

Telephone Cellphone

Physical address

1.3 Banking details

Account holder name

Account number

Bank name Branch Name Account type

1.4 Declaration of beneficial ownership

Please provide certified identity documents of Ultimate Beneficial Owners (natural persons with a shareholding of 10% or more).

The company hereby confirms and declares that at the date hereof, the following individual(s) is/are the ultimate beneficial owners of the company through ownership in the intermediate or ultimate holding companies:

Name of company/individual	Residential address	Date of birth	Nationality	Percentage of ownership

Section 2: Verification of Basic Information Required

2.1 Verification of registered name and number of legal persons

Please provide ONE of the following (please indicate by ticking the relevant box)

- A certificate of incorporation or registration from Registering Authority (CIPA, Registrar of Societies, Master of High Court, etc)
- Any reliable document, data or information that reasonably serves to verify any of the information obtained by. **Please specify**

2.2 Verification of registered address

Please provide ONE of the following (please indicate by ticking the relevant box)

- A water/electricity/telephone/utility or any service bill reflecting the name and residential address of the person (less than 3 months old); or
- A lease agreement reflecting the name and residential address of the person (less than 12 months old); or
- A tax return reflecting the name and residential address of the person (less than 12 months old); or
- A mortgage statement reflecting the name and residential address of the person (less than 3 months old); or
- Any other reliable document, data or information that reasonably serves to verify any of the information obtained. **Please specify**

2.3 Verification of Income/ Value Added Tax Registration Number

Please provide ONE of the following (please indicate by ticking the relevant box)

- Tax Clearance Certificate BURS Confirmation of registration
- Other, **Please specify**

2.4 Verification of Beneficial Ownership / Verification of authority to act

Please provide ONE of the following (please indicate by ticking the relevant box)

- CIPA Company Extract Partnership Agreement Deed of Trust detailing beneficial ownership
- Other, **Please specify**

2.5 Verification of full names, date of birth and identity/passport number of Beneficial Owners

Please provide ONE of the following (please indicate by ticking the relevant box)

- A certified copy of Omang A certified copy of Passport A certified copy of Refugee Card

2.6 Verification of full names, date of birth and identity/passport number of Manager (Chief Executive Officer/Managing Director) and/or authorised person(s)

Please provide ONE of the following (please indicate by ticking the relevant box)

- A certified copy of Omang A certified copy of Passport A certified copy of Refugee Card

Section 3: Prominent Influential Person (PIP) - Director/Partner/Trustee/ Authorised Person Self Declaration

3.1 Please tick the appropriate box to indicate the position the director, partner, trustee or authorised person holds or ever held

- | | |
|--|--|
| <input type="checkbox"/> President, Vice President | <input type="checkbox"/> A Kgosi |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> A Councillor |
| <input type="checkbox"/> Cabinet Minister | <input type="checkbox"/> *A Senior Executive of a Private Entity with a turnover of P1,000,000 and above |
| <input type="checkbox"/> Speaker of the National Assembly | <input type="checkbox"/> *A Senior Executive of a Political Party |
| <input type="checkbox"/> Deputy Speaker of the National Assembly | <input type="checkbox"/> *Senior Executive of an International Organisation operating in Botswana |
| <input type="checkbox"/> Member of the National Assembly | <input type="checkbox"/> *Senior Executive of a Public Body in Botswana |
| <input type="checkbox"/> *A Senior Government Official | <input type="checkbox"/> A Judicial Officer |

***Please indicate position in the space provided below**

Title of position	<input type="text"/>
Entity Name	<input type="text"/>
Name	<input type="text"/>

If more than one Director/Partner/Trustee/Authorised Person are PIPs please provide an annexure detailing this

Section 4: Declaration statement by director, partner, trustee or authorised person

To be completed by the individual completing this form:

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 names	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>

SUBMIT FORM
aml@pulamed.co.bw

