

NON-INDIVIDUAL MEMBER KYC FORM

KNOW YOUR CUSTOMER

FORM LAST IN (MM/YYYY)

M M Y Y Y Y

CORPORATE IDENTITY															
Company Name															
Income Tax Number							VAT Registration Number								
Physical Address							Country								
Postal Address:															
Telephone:								Fax:							
Website:								Email:							
REGULATORY INFORMATION (Attach Certificate of Incorporation & copy of License)															
Certificate of Registration No.:															
Country of Incorporation:															
License no.:						Expiry Date:		D	D	M	M	Y	Y	Y	Y
CONTACT/AUTHORIZED PERSON															
Title:				Name(s):								Surname:			
Date	of Birth:	D	D	M	M	Y	Y	Y	Y	Contact Number					
National ID / Passport No:								Nationality:							
Capacity / Position :								Email Address:							
Description of Business:															
Source(s) of Income:															
Annual turnover below P1Million: ☐															
Annual turnover above P1Million: ☐															
BANKING DETAILS															
Account Name								Account No.							
Bank								Branch							
Branch Code								Address of Principal Banker							
Name and address of External Auditors:															

DETAILS OF BOARD OF DIRECTORS

Please list below the following details of your company's Board of Directors, clearly specifying where this information is derived from. Provide documentary evidence or weblinks as appropriate:

Director's Name	Designation	Source of this information



DETAILS OF KEY MANAGEMENT

Please provide the below details of your Key Management:

Name	Designation	Nationality

DECLARATION OF BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is/are the ultimate principal beneficial owner(s) (olds more than 10% shares, voting rights or other ownership interests) of the Company through ownership in the intermediate or ultimate holding companies: (Please attach detailed structure where applicable)

Full Name	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

DECLARATION

I hereby declare that the details furnished above 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.

ACKNOWLEDGEMENT

By signing below, I agree and voluntarily consent to Sesiro's processing of the provided Information for the purposes of insurance services and any ancillary services related to insurance operations in general and I give Sesiro permission to do so and any personal data (including sensitive personal data) will be processed in accordance with Sesiro's privacy policy available on its website and I further understand that I am free to withdraw my consent on written notice to Sesiro, on legitimate grounds which are reasonable and compelling. I agree that the Information may be disclosed by Sesiro to third parties, including Sesiro's affiliates, service providers and associates (some of which may be located outside of Botswana).

Full Name: _____

Designation: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____

Signature: _____



ANNEXURE A

ANTI - MONEY LAUNDERING AND COUNTER TERRORISM FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations, please submit all the following required verification documents based on your entity type for verification:

The following documents must be submitted for all entities:

Notice of registered address (CIPA extract/Title deed/Utility Bill) ☐

Bank confirmation letter ☐

Tax registration/clearance/exemption ☐

COMPANY	
Certificate of Incorporation	☐
CIPA Extract	☐
Resolution specifying who is authorized to act on behalf of the company	☐
Identification and verification documents of directors, beneficial owners & key managers	☐
Ownership & Control structure	☐

PARTNERSHIP	
Partnership Agreement	☐
Resolution specifying who is authorized to act on behalf of the company	☐
Identification and verification documents of natural persons who are partners, beneficial owners and controlling persons	☐

TRUST	
Deed of Trustees	☐
Approval letter of Trustees of the High Court	☐
Resolution specifying who is authorized to act on behalf of the trust	☐
Identification and verification documents of founder, trustees and all named beneficiaries	☐

OTHER ENTITIES <i>(inclusive of Government institutions & parastatals)</i>	
Founding document/Act/Constitution	☐
Identification and verification documents of person(s) authorized to act on behalf of the entity	☐
Resolution specifying who is authorized to act on behalf of the entity	☐
Identification and verification documents of person(s) who directly or indirectly hold more than 10% shares, voting right or other ownership interest (if applicable)	☐

DISCLAIMER: Please be advised that additional documents may be requested on a case-by-case basis following the review of the submitted information



ANNEXURE B

NON-INDIVIDUAL PIP DECLARATION FORM

In compliance with the Financial Intelligence Act as amended from time to time, we require information regarding your association with any Prominent Influential Person (PIP).

Prominent Influential Person (PIP) - a person entrusted with public functions within Botswana or by a foreign country, his or her close associates or immediate member of the family or international organization.

Are you, or any of your beneficial owners, key managers, directors, or shareholders:

1. A Prominent Influential Person (PIP)?

Yes ☐

No ☐

2. If yes, please provide details:

Name of PIP: _____

Position Held: _____

Country: _____

3. Have any close family members (parents, spouse, children, or siblings) or close associates who are Prominent Influential Persons?

Yes ☐

No ☐

4. If yes, please provide details:

Name of PIP: _____

Name of associated company official: _____

Relationship _____

Position Held: _____

Country: _____

5. Subject to any sanctions or regulatory enforcement actions by government authorities, financial institutions, or other regulatory bodies?

Yes ☐

No ☐

6. If yes, please provide details:

