

Know Your Customer Form

Individuals

Please use black pen and block letters. If you require any help in completing this form, please contact us on **+267 398 1800**.

Form last completed on

Identity Details

Title Name(s) Surname

Date of Birth Nationality

Omang/Passport No. Expiry Date

Address and Contact Details

Postal Address

Physical Address

Village/ Town/ City Country

Duration of residence

If >2 years, state previous residence

Telephone Mobile

Email Address

Employer Place of Work

Occupation Work Tel No.

Banking Details

Account Name

Bank Name

Account Number Account Type

Branch

Source of Funds

State nature of funds if received from source other than salary

Anti-money laundering and counter terrorist financing requirements

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification:

- Identification document e.g. certified copy of ID / Passport - work & residence permit for foreign nationals
- Source of funds / proof of income e.g. pay slip / bank statement / affidavit
- Proof of residence - Utility bill (not older than 3 months) / lease agreement or title deed / letter from employer / affidavit from Commissioner of Oath

DECLARATION

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 Name

Date Place

Signature

I give Bona Life Insurance (Pty) Ltd ("Bona Life") consent to retain my personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.

Address

Private Bag 001 AAD
Poso House, Gaborone
Botswana

Physical

Plot 54374, Unit 4A
Grand Union, CBD
Gaborone, Botswana

Telephone

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Email

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Website

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