

# KNOW YOUR CUSTOMER FORM

## Non-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 | D D M M Y Y Y Y

### CORPORATE ENTITY

Company Name | \_\_\_\_\_

Registration No. | \_\_\_\_\_ Country of Incorporation | \_\_\_\_\_

Postal Address | \_\_\_\_\_

Physical Address | \_\_\_\_\_

Email Address | \_\_\_\_\_

Website | \_\_\_\_\_

Brief description of business | \_\_\_\_\_  
| \_\_\_\_\_

### ENTITY CONTACT PERSON

Title | \_\_\_\_\_ Forename (s) | \_\_\_\_\_

Surname | \_\_\_\_\_ Date of Birth | D D M M Y Y Y Y

OMANG /Passport No. | \_\_\_\_\_ Nationality | \_\_\_\_\_

Capacity/ Position | \_\_\_\_\_

Physical Address | \_\_\_\_\_

City | \_\_\_\_\_ Country | \_\_\_\_\_

Telephone | \_\_\_\_\_ Email Address | \_\_\_\_\_

### BANKING DETAILS

Account Name | \_\_\_\_\_

Bank Name | \_\_\_\_\_

Account Number | \_\_\_\_\_

Branch | \_\_\_\_\_

Source of Funds | \_\_\_\_\_

## DECLARATION OF BENEFICIAL OWNERSHIP

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

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

## ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

COMPANY	✓
· Certificate of Incorporation	
· Notice of Registered Office and Postal Address	
· Identification documents of the person(s) managing the company	
· Resolution specifying who is authorised to act on behalf of the company	
· Identification document(s) of the person(s) managing the company	

\*Passport for foreign nationals

PARTNERSHIP	✓
· Partnership agreement	
· Identification documents of the natural persons who are partners e.g. certified copy of ID / Passport	
· Resolution specifying who is authorised to act on behalf of the partnership	
· Identification document(s) of the person(s) authorised to act on behalf of the partnership	

## 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

Designation/ Position

Date         Place

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.

Signature