

Know your Customer Form

Natural Persons

Bryte Risk Services Botswana

B.I.C.B Limited trading as Bryte Risk Services Botswana

A Fairfax Company

Registration number: BW00000592304 VAT number: CO0754501112

Head Office: Fairscape Tower, Building 2, Section 19 A & D, 7th Floor, Fairscape Precinct, Plot 70667. PO Box 1221, Gaborone, Botswana

Sales Office: Plot 322, Shop B2, Village Mall, Selous Avenue, Francistown. PO Box 670, Francistown, Botswana

Form		BKYC01		Policy Num	ber						
Impo	rtant i	t information			I.						
1. 2. 3.	In terms of the Financial Intelligence (Amendment) Act, 2022, Bryte Risk Services Botswana ("Bryte") is required to ascertain and verify the identities of all customers. A Bryte Risk Services Botswana policy number can only be issued once the KYC ascertainment and verification process contained in this document has been completed. Please submit all the supporting information with this form. Please complete this form in BLOCK CAPITALS.										
Section 1: Information that is required to be ascertained by Bryte											
1.1	Basic information required — identity										
	Title Initials		Initials	Surname		9					
	Full r	Full names									
	Date	Date of birth			Nationality						
	☐ Identity card number ☐ Passport number (Please tick ONE)										
1.2	Basic information required — address										
	Resid	dential address									
	Posta	al address									
	Telep	Telephone (Work)					Te	elephone (Home)			
	Mobi	Mobile number					E	mail address			
1.3	Sour	ce of income									
	Remuneration/salary as employee			ployee	Name of employer						
	Remuneration as owner/entrepreneur				Occupation						
				Name of business							
					Nature of business						
					Location of b	ousiness					
1.4	Sour	ce of funds in	volved in t	ransaction							
		Source of funds (state nature of funds if other than salary in the space provided)									
1.5	Bank	ing details									
	Acco	unt holder nam	ne				Acco	ount number			
	Bank	name				Branch			Account type		
Sect	ion 2	2: Verificati	on docui	ments to b	e provide	d to Bry	te				
2.1	Verif	Verification of full names, date of birth and identity/passport number									
	Citiz	Citizens Certified copy of Omang									
	Non-citizens or residents			☐ Certified copy of Passport							
	Refugee				Refugee identity card						
2.2	Verif	/erification of residential address									
	Pleas	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										

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	A letter from employer reflecting the name and residential address of the person (on company letterhead); 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								
	A payslip/salary advice (if it indicates 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	Source of income and funds								
	Please provide ONE of the following								
	A bank statement on an official letterhead (less than 3 months old); or								
	A payslip/salary advice (less than 3 months old); or								
	A letter from employer on official company letterhead, reflecting annual/monthly gross income; or								
	Any other reliable document, data or information that reasonably serves to verify any of the information obtained (examples include income tax certificate, etc.). Please specify:								
	A sworn affidavit reflecting name and residential address								
	Letter from employer reflecting name and residential address								
Sec	ection 3: Prominent Influential Person (PIP) – Self Declaration								
3.1	Please tick the appropriate box to indicate the position you hold or have held in the past years								
	President, Vice President	A Kgosi							
	☐ Vice President	A councillor							
	Cabinet Minister	*A senior executive of a private entity with a turnover of P1,000,000 and above							
	Speaker of the National Assembly	*A senior executive of a political party							
	Deputy Speaker of the National Assembly	*Senior executive of an International Organisation operating in Botswana							
	Member of the National Assembly	*Senior executive of a Public Body							
	*A senior government official	A judicial officer							
	*Please indicate position in the space provided below								
	Title of position								
	PIP in the immediate family or close associate								
	Name(s)								
	Surname								
	Relationship								
Sec	Section 4: Declaration statement by client								
	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	Il names							
	Signature								
	Date								
	I I								

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