

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	BKYC02	Policy Number			
Important information					
<ol style="list-style-type: none"> In terms of the Financial Intelligence (Amendment) Act, 2018, Bryte Risk Services Botswana ("Bryte") is required to ascertain and verify the identity 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					
Registered name					
Registration number				Country of incorporation	
Physical address					
Postal address					
Telephone number				Mobile number	
Email address					
Nature of business					
Income tax number				VAT number	
1.2 Managers (Chief Executive Officer/Managing Director) and/or authorised person(s)					
Title				Initials	
Full names				Surname	
Date of birth				Nationality	
<input type="checkbox"/> Identity card number <input type="checkbox"/> Passport number (Please tick ONE)					
Section 2: Verification documents to be provided					
2.1 Verification of registered name, registration number and address					
<input type="checkbox"/> A certificate of incorporation or registration, or other similar documentation indicating notification of situation of registered and business address; or					
<input type="checkbox"/> A utility bill reflecting company's physical address; or					
<input type="checkbox"/> Any reliable document, data or information that reasonably serves to verify any of the information obtained by Bryte. Please specify:					
2.2 Verification of Managers (Chief Executive Officer/Managing Director), or authorised person					
<input type="checkbox"/> A certified copy of Omang					
<input type="checkbox"/> A certified copy of Passport					
2.3 Verification of authority to act					
A resolution to act on company letterhead or any document of authorisation to act on behalf of the company. Please specify:					
2.4 Banking details					
Account holder name				Account number	
Bank name			Branch	Account type	

2.5 Declaration of beneficial ownership

The company hereby confirms and declares that at the date hereof, the following individual(s) is/are the ultimate principal beneficial owner(s) 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 3: Prominent Influential Person (PIP) – Director/Partner/Trustee/ Authorised Person Self Declaration

Please provide certified identity document(s) of Ultimate Beneficial Owners (natural persons with a shareholding of 25% or more).

3.1 Please tick the appropriate box to indicate the position you hold or have held in the past years

<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
<input type="checkbox"/> *A senior government official	<input type="checkbox"/> A judicial officer

**Please indicate position in the space provided below*

Title of position	
Name(s)	
Surname	

Section 4: Declaration statement by client/a person authorised to act on behalf of the company

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	
Signature	
Date	