

INDIVIDUAL KYC

(INDIVIDUAL)

FORM LAST COMPLETED IN (D / M / Y)

PLEASE PRINT IN BLOCK LETTERS

MEMBER'S DETAILS

Title Mr. Mrs. Miss. Other

Name(s)

Surname

Date of Birth ID / Pasport No.

Expiry Date

Nationality Occupation

ADDRESS AND CONTACT DETAILS

Postal Address

Physical Address

Village / Town / City Country

Duration of Residence

If < 2 years, state previous country of residence Mobile

Employer Place of Work

Work Telephone Fax

Email

BANKING DETAILS

Account Holder Type of Account

Name of Bank Branch Name/ Code

Account Number Source of Income

Source of funds if recieved 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 verifications

- > Identification document e.g. Certified Copy of ID/ Certified Copy of Passport
- > Proof of Residential Address e.g. Latest Utility Bill/Lease Agreement/Employment Confirmation Letter/Affidavit
- > Source of Funds/Proof of Income e.g. Payslip/Bank Statement/Letter of Employment/Affidavit

PROMINENT INFLUENTIAL PERSON –SELF DECLARATION

AS PER THE FINANCIAL INTELLIGENCE ACT, **ANY PROMINENT INFLUENTIAL PERSON (PIP)**) MUST COMPLETE THE BELOW SELF DECLARATION.

Prominent Influential Persons (PIPs) are defined as A person who is or has been entrusted with public functions within Botswana or by a foreign country, their close associates or immediate family member.

Please tick the relevant box, indicating the position you hold or held (within the last 5 years):

- President
- Cabinet Minister
- Deputy Speaker of the National Assembly
- Councillor
- A judicial officer
- Kgosi
- A senior executive of a public body
- A senior executive of a political party
- Vice President
- Speaker of the National Assembly
- Member of the National Assembly
- A senior government official
- A senior executive of a private entity with turnover P1m and above
- Senior executives of international organisations operating in Botswana

TITLE OF POSITION

Jurisdiction of Position: _____

During what time period is / was the position held:

Starting Date: Ending Date:

PIP IN YOUR IMMEDIATE FAMILY AND OR / WHO IS A CLOSE ASSOCIATE

Surname: _____ Title: _____

Name(s): _____ Relationship: _____

Title of Position: _____

Jurisdiction of Position: _____

During what time period is/was the position held:

Starting Date: Ending Date:

CONSENT TO PROCESS AND SHARE PERSONAL INFORMATION

I, the undersigned, hereby give consent to processing and sharing of my information by Axion Life for purposes of:

- Complying with KYC obligations, policy administration/underwriting and processing amendments/claims.
- Marketing material on current and future offerings of Axion Life.

DECLARATION

I hereby declare that the details provided 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/untrue/misleading/misrepresenting, I understand that I may be liable for it.

Full Names: _____ Place: _____

Signature: _____ Date: _____ / _____ / _____

Disclaimer: All information provided on this form is subject to verification and is used solely for processing by Axion Life. Submission does not guarantee coverage or approval. False or incomplete information may result in rejection. Personal data will be handled in line with our privacy policy.