KGARE
LEAVE IT TO US
INSURANCE BROKERS

KNOW YOUR CUSTOMER FORM: INDIVIDUALS

Please use black pen and block letters.

PERSONAL DETAILS

Full Names

Date of Birth **Nationality**

Omang/ Passport No. **Expiry Date**

Physical Address

Duration of stay **if >2 years provide previous residence**

Postal Address

Phone Number **E-Mail Address**

EMPLOYMENT DETAILS

Employer

Occupation **Occupation Level** ☐ **Senior** ☐ **Middle** ☐ **Junior**

Nature of Business **Work Number**

Annual Income (BWP) **Less than P 500 000** ☐ **Above P 500 000** ☐

BANKING DETAILS

Account Name

Bank Name

Account Number **Branch Name**

Source of Income ☐ **Salary** ☐ **Dividends** ☐ **Rental** ☐ **Other**

Specify (Other)

AML-CTF DOCUMENT REQUIREMENTS

In accordance with the Financial Intelligence Regulations, the following documentation should be attached with the completed form:

Natural Persons

1. Identification document within 6 months validity i.e. Certified National Identity Card; Certified Passport (including work and residence permit or exemption for foreign nationals); Certified Refugee Identity Card for refugees

2. Proof of source of income i.e. letter from employer(not older than 3 months), Affidavits from Commissioner of Oaths explaining nature of income.

3. Proof of residence i.e. utility bill (not older than 6 months); valid lease agreement (within lease period); letter from employer (not older than 3 months); letter from Tribal Authority; Affidavit from Commissioner of Oaths; Title Deed;

4. Proof of bank account details i.e. Certified Bank Confirmation Letter; Foreign Bank Confirmation Letters should be translated to English and in the Banks official Letterhead and certified.

POLITICALLY EXPOSED PERSONS (PEP) & PROMINENT INFLUENTIAL PERSON (PIP) DECLARATION

In accordance with the Financial Intelligence Act, any Politically Exposed Person (PEP) or Prominent Influential Person (PIP) must complete the below self declaration:

- ☐ **Head of State, Head of Government, Minister or Deputy or Assistant Minister**
- ☐ **Speaker or Deputy Speaker of the National Assembly**
- ☐ **Member of Parliament (or similar Legislative Body)**
- ☐ **Senior Executive of a Private Entity or Public Body or Political Party**
- ☐ **Senior Executive of International Organization operating in Botswana**
- ☐ **Senior Government Official**
- ☐ **Judicial Officer**
- ☐ **Councillor**
- ☐ **Kgosi**
- ☐ **Religious Leader**

Title and Jurisdiction of Position

Duration of period position held

Start Date **End Date**

PEP/PIP IN YOUR IMMEDIATE FAMILY AND/OR A CLOSE ASSOCIATE

Full Names **Relation**

Title and Jurisdiction of Position

Duration of period position held

Start Date **End Date**

DECLARATION BY AUTHORISED SIGNATORY

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

Date **Signed at**

Signature

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KNOW YOUR CUSTOMER FORM: INDIVIDUALS DECLARATION FORM

Please use black pen and block letters.

PERSONAL DETAILS

I, the undersigned, hereby **confirm** that the Know Your Customer (KYC) information previously submitted to Kgare Insurance Brokers remains accurate, complete, and up to date as of the current date.

Full Names			
Omang/ Passport No.		**Expiry Date**	
Phone Number		**E-Mail**	

AML-CTF DOCUMENT REQUIREMENTS

I affirm that there have been no changes to the following details:

1. **Full Names and Date of Birth**
2. **Identification document** i.e. Certified National Identity Card; Certified Passport (including work and residence permit or exemption for foreign nationals)
3. **Proof of source of funds/income**
4. **Proof of residence**
5. **Proof of bank account details**

DECLARATION BY AUTHORISED SIGNATORY

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 Kgare Insurance Brokers 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.

Date		**Signed at**	
Signature			

DATA PRIVACY NOTE

The personal information provided in this form will be processed for customer due diligence (KYC) and regulatory compliance purposes in accordance with applicable data protection and anti-money laundering and counter-terrorism financing laws.

The information will be processed lawfully, fairly, and securely in accordance with the Botswana Data Protection Act. Personal data will be retained in line with applicable legal and regulatory retention requirements, and data subject rights may be exercised in accordance with the Act.

PERSONAL DATA COLLECTION CONSENT FORM

I, _____ of ID number_____ being a Client /Potential Client of Kgare Insurance Brokers (Pty) Ltd hereby confirm that I have freely and willingly given my personal information ("personal data") to Kgare.

I confirm that I have been informed fully of the purpose the personal information will be used for. I further confirm and acknowledge that my rights as a Data subject regarding disclosure of such information have been fully explained to me.

I acknowledge, understand and agree that Kgare Insurance Brokers Ltd including its holding company and subsidiaries ("The Group") shall, for the performance of its obligations hereunder, may collect where necessary or required, process and store my personal information which I hereby voluntarily disclose (the "Personal Data") for as long as is necessary to fulfil the purposes for which it was collected, including for the purposes of satisfying any legal, accounting or reporting requirements.

The company has a legal obligation to store basic information about its customers for twenty years after they cease being customers and has undertaken to treat the Personal Data confidentially and securely in line with the provisions of the Data Protection Act 2018, (DPA) as amended from time to time.

I confirm and acknowledge that the following information was fully explained to me:

Information Collection – the collection of personal data, such as name, address, contact details and all other information is required to provide and administer my insurance policy.

Purpose – The personal data will be used for administering my insurance policy and underwriting purposes as well as for fraud prevention and detection.

Data Sharing - The personal data will be shared with Kgare employees, associated companies and agencies, other insurance companies, reinsurers, brokers, third-party administrators, and fraud prevention agencies, as necessary to provide and administer my insurance policy.

Data Storage – Kgare will store my personal data securely in electronic and/or physical form. Data is securely stored in accordance with the relevant legislation governing safe processing of personal data. My data will be retained for a period as required by law and shall be securely disposed of thereafter.

Data Protection Rights – I further understand that I have the right to request access to, amendment of, or deletion of my personal data.

☐ **Consent -** By signing this form, I consent to the collection, use, storage, and sharing of my personal data as described above.

☐ **Data for marketing purposes -** By ticking this box I consent to having my data processed for purposes of marketing.

Withdrawal of Consent: I understand that I may withdraw my consent for the processing of my personal data at any time and this may result in the inability of the Company to maintain my insurance policy or contract with me.

_____ _____

Signature of Data Subject Date