KGARE
LEAVE IT TO US
INSURANCE BROKERS

KNOW YOUR CUSTOMER FORM: LEGAL ENTITIES

Please use black pen and block letters.

CORPORATE ENTITY

Company Name

Registration No.

Country of Incorporation

Physical Address

Postal Address

Contact Number

E-Mail Address

Nature of Business

CONTACT PERSON

Full Names

Date of Birth

Omang/ Passport No.

Nationality

Capacity/ Position

Physical Address

Postal Address

Phone Number

E-Mail Address

BANKING DETAILS

Account Name

Bank Name

Account Number

Account Type

Branch Name

BENEFICIAL OWNERSHIP DECLARATION

The company confirms and declares that the below are ultimate beneficial owner(s) through shareholding/ ownership in the Company. An ultimate beneficial owner should be a natural person who ultimately owns or controls the Company by holdings more than 10% shares in the company. Please complete the spaces provided below, or if necessary provide a separate document to be attached.

FULL NAMES	RESIDENTIAL ADDRESS	DATE OF BIRTH	OMANG/ PASSPORT NO.	NATIONALITY	% OWNERSHIP

AML-CTF DOCUMENT REQUIREMENTS

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

Companies:
1. Copy of Certificate of Incorporation
2. Copy of Constitution (if applicable as per company extract)
3. Notice of Registered Office & Address (Company extract to suffice)
4. Shareholder Certificates (Company extract to suffice)
5. Details of Directors (Company extract to suffice)
6. Certified copy of valid identification documents of all directors (Omang for citizens, passport for non-citizens,)
7. Certified copy of valid identification documents of all shareholders (Omang for citizens, passport for non-citizens.)
8. Resolution specifying who is authorised to act on behalf of the company
9. Certified copy of valid identification document of persons authorised to act on behalf of the company if either than the named directors (Omang for citizens, passport for non-citizens)
10. Valid Tax Registration Certificate (VAT/Income tax etc.)
11. Proof of Banking Details & Source of Funds

Partnerships:
1. Copy of Certificate of registration (where applicable)
2. Copy of Partnership agreement
3. Certified copy of valid Identification documents for partners and persons authorized to act on behalf of the partnership (if either than the named partner)- (Omang for citizens, passport for non-citizens)
4. Copy of resolution authorizing the transaction/ business relationship and specifying who is authorized to act on behalf of the partnership
5. Details of registered office and place of business & Proof of Address
6. Valid tax clearance certificate
7. Proof of Banking details

Societies:
1. Copy of Certificate of registration or other founding documentation
2. Copy of Constitution/Rules/Bye Laws
3. Certified copy of valid identification documents for office bearers
4. Certified copy of valid identification document(s) of the person(s) authorized to act on behalf of the society/ church/ club
5. Details of registered office & proof of residence
6. Copy of resolution authorizing the transaction/ business relationship and specifying who is authorised to act on behalf of the entity
7. Nature of business (Where applicable)
8. Proof of Banking Details & Source of Funds

Trusts:
1. Copy of Trust deed or other founding documentation
2. Certified Copy valid Identification documents for each trustee, beneficiary, founder and person(s) authorized to act on behalf of the trust
3. Copy of resolution authorizing the transaction/ business relationship and authorizing a person/s to act on behalf of trust
4. Details of registered office & Proof of Address
5. Proof of Banking Details & Source of Funds

Parastatals/SOE
1. Copy of Act of Parliament
2. Proof of physical address
3. Resolution specifying who is authorised to act on behalf of the entity & authorising the transaction/ business relationship
4. Certified copy of valid identification documents of all authorised signatories
5. Tax clearance certificate or exemption certificate
6. Proof of Banking Details & Source of Funds

Foreign Missions/Embassies:
1. Certificate of registration or other founding documentation
2. Certified copy of valid identification documents for office bearers
3. Certified copy of valid identification document(s) of the person(s) authorized to act on behalf of the embassy
4. Details of registered office & proof of residence
5. Copy of resolution authorizing the transaction/ business relationship & specifying who is authorised to act on behalf of the entity
6. Proof of Banking Details & Source of Funds

Natural Persons
1. Identification document within 6 months validity i.e Certified Omang for citizens; Certified Passport including work and residence permit or exemption for foreign nationals; Certified Refugee Identity Card for refugees
2. Proof of source of funds/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. Certified Birth Certificate for policies taken out under the name of a minor child.

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 _____ **Omang/ Passport No.** _____

Signature _____ **Date** _____

Designation _____ **Signed at** _____

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Please use black pen and block letters.

PERSONAL DETAILS

I, the undersigned, being duly authorized to make this declaration on behalf of

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. **Legal Entity Name, Registration Number & Registered Address**
2. **Identification documents of Directors, Shareholders, Ultimate Beneficial Owner's & Authorized Signatories/Key Persons**
3. **Proof of Source of Funds/income**
4. **Proof of Operating Address**
5. **Proof of Bank Account Details**
6. **Resolution specifying who is authorized to act on behalf of the company**
7. **Any other relevant information**

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.

DATA COLLECTION CONSENT FORM

We, _____ of registration number_____ being a Client/Potential Client of Kgare Insurance Brokers (Pty) Ltd hereby confirm that we freely and willingly provide information about our company, directors & shareholders ("data") to Kgare Insurance Brokers (Pty) Ltd.

We acknowledge that we have been clearly informed of the purpose for which this data is collected and used. We further confirm that our rights in relation to the disclosure and use of such data have been explained to us in accordance with the Data Protection Act (as amended).

We understand and agree that Kgare Insurance Brokers (Pty) Ltd, including its holding company and subsidiaries ("the Group"), may collect, process, and store this data as necessary for the fulfilment of contractual obligations, legal requirements, and the effective administration of insurance products and services. This includes retaining such data for as long as is required to meet legal, accounting, and regulatory obligations.

Kgare has a statutory obligation to retain basic client information for twenty (20) years after the client relationship ends and undertakes to store all data securely and confidentially in line with applicable data protection laws.

We confirm and acknowledge that the following information was fully explained to us:

I**nformation (Data) Collection:** the collection of personal data, such as name, address, contact details and all other information is required to provide and administer our insurance policy.

Purpose: The data will be used for administering our insurance policy and underwriting purposes as well as for fraud prevention and detection.

Data Sharing: The 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 our insurance policy.

Data Storage: Kgare will store our 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. Our data will be retained for a period as required by law and shall be securely disposed of thereafter.

Data Protection Rights: We further understand that we have the right to request access to, amendment of, or deletion of our personal data.

☐ **Data for marketing purposes:** By ticking this box we consent to having our data processed for purposes of marketing.

Withdrawal of Consent: We understand that we may withdraw our consent at any time. However, we acknowledge that doing so may affect Kgare's ability to provide or continue insurance services to us.

CONSENT

By signing this form, We consent to the collection, use, storage, and sharing of our data as described above.

Full Names		**Date**	
Signature		**Signed at**	
Designation			