

CUSTOMER DUE DILIGENCE FORM (INDIVIDUAL)

All information requested in this form is required to be provided in full for customer acceptance. The information declared must be true and correct. Documents to verify the information must be requested.

SECTION A: PERSONAL PARTICULARS			
Full names		Identity or passport number	
Nationality		Date of birth	
Postal address		Mobile number	
Residential address		Email address	
SECTION B: OCCUPATION			
1	What is your occupation?		
2	What is your source of funds?		
3	In your occupation/business, do you deal with any individual or entity from the following countries: <i>Afghanistan, Central African Republic, Democratic Republic of the Congo, the Democratic People's Republic of Korea, Iran, Libya, Mali, Somalia, Sudan, and Yemen and organizations as ISIL and Al-Qaeda.</i>	Yes/No	
SECTION C: PROMINENT INFLUENTIAL PERSON			
1	Are you a <i>current or former Prominent Influential Person (PIP)</i> ? PIPs are individuals who are or have been entrusted with prominent public functions within Botswana or by a foreign country or an international organisation. A PIP is an individual with any of the position listed below: <i>President, Vice-President, Cabinet Minister, Speaker of the National Assembly, Deputy Speaker of the National Assembly, Member of the National Assembly, Councillor, Senior government official, Judicial officer, Kgosi, Senior executive of a private entity, Senior executive of a public body, Senior executive of a political party, Senior executives of international organisations operating in Botswana.</i> <i>A person who has in the last five years held any of the mentioned positions.</i>	Yes/No	
2	Are you a “family member” of a current or former PIP? <i>“Family member” means a spouse, son, daughter, sibling or parent.</i>	Yes/No	
3	Are you a “close associate” of a current or former PIP? <i>“Close associate” means a person who is closely connected to a PIP, either socially or professionally or through business interests or activities. Examples include prominent members of the same political party, civil organisation, labour union of the PIP; business partners or associates, especially those that share ownership of legal entities with the PIP, or who are otherwise connected (e.g. through joint membership of a company board). In the case of personal relationships, the social, economic and cultural context may also play a role in determining how close those relationships generally are.</i>	Yes/No	
<p>If any of the responses in questions 1, 2 and 3 above is “Yes”, please complete section D</p>			

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SECTION D: DETAILS OF PIP	
If you are a PIP, please complete the following about yourself. If you are a family member or close associate of a PIP, please complete the following for the PIP whom you are connected to.	
Name of PIP	
Relationship to PIP	
Occupation	
Organisation	
Place of residence	
Source of wealth (This include additional information on initial wealth generation e.g. family original source like inheritance, property and livestock worth estimation.)	
Period of service	From _____ To _____

DECLARATION BY CLIENT OR PERSON ACTING ON BEHALF OF CLIENT

I declare that the information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

Signature	
Full names	
Relationship with client if signed by a person acting on behalf of the client:	
Date:	
Please request Form B if you are acting on behalf of the client.	

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Certified copy of identification document
- Confirmation letter of employment
- Proof of source of funds (e.g. certified copy of pay slip)
- Proof of residential address (e.g. utility bill, lease agreement, affidavit, etc)
- Completed FATCA form

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FATCA (Foreign Account Tax Compliance Act) QUESTIONNAIRE

Please confirm FATCA status by checking the relevant box:

	Yes	No
a) Are you a U.S Citizen, Permanent Resident or U.S Resident?	<input type="checkbox"/>	<input type="checkbox"/>
b) Were you born in the U.S?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you signed Power of Attorney (PoA) or granted signing authority to a person holding a U.S address	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you use or have any U.S telephone contacts	<input type="checkbox"/>	<input type="checkbox"/>
e) Are you using U.S residential address or postal address?	<input type="checkbox"/>	<input type="checkbox"/>
f) Are you using U.S In care Of or Hold mail address?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration & Acceptance

I the undersigned:

- a) Warrant that information furnished is true and correct and undertakes to inform BPOPF of any changes thereto.
- b) Authorise BPOPF to share my information with Regulatory authorities (Local & International such as Internal Revenue Services) for the purpose of meeting the Fund regulatory obligations.

Customer Signature

First & Last Names.....

Date.....