KHUMO KYC FORM FOR LEGAL ENTITIES (NON-INDIVIDUALS)

This is mandatory requirement as per the requirements of the Financial Intelligence Act, 2022. The form is to be signed by the Authorized Signatory.

FORM LAST COMPLETED IN (MM/YR) _____/_____

ENTITY TYPE	
Entity Type (Tick the Applicable):	
Private Company	
Public Company	
State-Owned Entity	
Trust	
Partnership	
Retirement Fund	
Other (Specify):	
IDENTIFICATION DETAILS	
COMPANY/PARTNERSHIP/TRUST/RETIREMENT FUND	
Entity Name:	Trading Name:
Registration No:	Tax Identification No:
VAT No:	Nature of Business:
Name of Signatory:	Contact Person:
Capacity/Position:	ID/Passport No:
Telephone:	Email Address:
Postal Address:	Physical Address:
STATE-OWNED ENTITY	
Ministry:	Department/Parastatal:
Name of Signatory:	Contact Person:
Capacity/Position:	ID/Passport No:
Telephone:	Email Address:
Postal Address:	Physical Address:
BANKING DETAILS	
Account Name:	Account Number
Bank Name:	Branch Name:

Branch Code:	Swift Code:

HOW WE PROCESS YOUR PERSONAL INFORMATION

Khumo PAM will only collect, transfer and disclose your information for the following purposes:

- Providing you with its products and services
- Managing your property
- Complying with your instructions or the instructions of your appointed representative
- Verifying your identity
- Detecting and preventing fraud or money laundering
- Compliance with laws and public duties
- Monitoring of electronic transactions with you to accurately carry out your instructions or those of your representatives
- To assist in improving our services and in the interest of security and crime prevention
- For analysis to assess and improve our business or the business of the BIHL Group and the services offered
- For operational, marketing, audit, legal and record keeping purposes.

In addition, Khumo shall collect necessary information from you directly, from your appointed agent, any regulator, Credit Bureau or other third party that may hold such information.

USE OF INFORMATION

We will only collect information that we need for that purpose. Your personal information may be collected from you or passed to and used by representative or duly appointed agent or companies within the BIHL Group and its agents and sub-contractors who administer or process the information on its behalf for the purpose of property management. We will not, without your consent, transfer data outside the BIHL Group, its associates or agents unless we have a duty or a right to disclose it in terms of law or industry codes or where it is necessary to protect our rights. Certain client record and information are typically retained as prescribed by the laws of the Republic of Botswana. You have a right to access and/or correct the personal data that is held about you or to object to the processing of your personal information. To object to the processing of your personal information by us or to correct or obtain a copy of the personal information we hold about you, you should write to the Khumo PAM.

SHARING OF INFORMATION

We shall take all reasonable steps to protect your personal information, including, where appropriate, the use of encryption technology.

UPDATE YOUR PERSONAL DETAILS

It is your responsibility to keep us informed of any changes in your banking details, personal information or current identification information (e.g., change of address, change of surname and contact details). If any of your details have changed, you will need to complete a change of static details form and provide the necessary verification documents.

DECLARATION

We/I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. We/I undertake to inform Khumo PAM of any changes, additions and or alterations 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 shall be held liable for such false, untrue, misleading or misrepresentative information and the effects thereof.

Full Name: _____ Designation/Position: _____

Date: _____ Place: _____ Signature: _____

ANNEXURE A- KYC CHECKLIST

Please submit all the following required verification documents in line with your Entity Type as indicated above:			
Public Listed Company:		**Private Unlisted Company:**	
Certificate of Incorporation		Certificate of Incorporation	
Proof of physical address		Proof of physical address	
Proof of Banking Details		Proof of Banking Details	
Certificate of Name change (if applicable)		Certificate of Name change (if applicable)	
Directors Resolution of Authorised Signatories with specimen signatures on a company letterhead		Directors Resolution of Authorised Signatories with specimen signatures on a company letterhead	
Organogram showing ownership and control structure of the Public Listed Company		Organogram showing ownership and control structure of the Public Listed Company	
Proof of Identity of all controlling persons and persons/entities that hold 10% or more voting rights		Proof of Identity of all controlling persons and persons/entities that hold 10% or more voting rights	
Proof of Identity of all Authorised Signatories		Proof of Identity of all Authorised Signatories	
Proof of registration with BURS for Income tax and VAT registration		Proof of registration with BURS for Income tax and VAT registration	
Latest audited financial statements (if not available on BSE and company website)		Latest Audited financial statements/ Latest 3 months Bank statements/ contracts or agreements with clients or customers/Latest Tax returns/ Proof of business activities	
Confirmation of the nature of the business (Regulatory licenses and AFS may be used)		Confirmation of the nature of the business (Regulatory licenses and AFS may be used)	
Company constitution		Company constitution	
Tax exemption certificate (if applicable)		Tax exemption certificate (if applicable)	
Partnership:		**Trust:**	
Stamped Founding Statement and/or Partnership Agreement.		Trust Deed Letters of Authority (Stamped by the Master of the High Court)	
Proof of physical / Operating address for the Partnership (if any)		Proof of physical address of the Trust	
Resolution of Authorised Signatories with specimen signatures		Resolution of Authorised Signatories with specimen signatures	
Proof of Identity of all Partners, beneficial owners and controlling persons of the Partnership		Proof of Identity of Founder and all Trustees	
Proof of Identity of all persons authorised to act on behalf of the Partnership		Proof of Identity of all persons authorised to act on behalf of the Trust	
Proof of registration and registration number of the partnership		Proof of Identity of all named beneficiaries of the Trust, if beneficiaries are not named, we require detailed particulars of how beneficiaries will be determined	
Proof of banking details		Proof of banking details	
		Statement of account of the trust	

		Latest Audited financial statements/ Latest 3 months Bank statements/ contracts or agreements with clients or customers/Latest Tax returns/ Proof of business activities	
Proof of registration with BURS for income tax and VAT		Proof of registration with BURS for income tax and VAT (If any)	
State Owned Entity:		**Retirement Fund:**	
Act of Parliament		A copy of a registration document reflecting the Fund's Registration Number	
Proof of physical address		Resolution of Authorised Signatories with specimen signatures on a company letterhead that shows registered address	
Proof of Banking Details		Proof of Identity of all persons authorised to act on behalf of the Retirement Fund	
Certificate of Name change (if applicable)		Fund rules proof of banking details	
Directors Resolution of Authorised Signatories with specimen signatures on a company letterhead		Proof of Address	
Proof of Identity of all Authorised Signatories		Certified copy of tax exemption certificate	
Proof of registration with BURS for Income tax and VAT registration		Identification documents of all the trustees	
Latest Audited financial statements/ Latest 3 months Bank statements/ contracts or agreements with clients or customers/Latest Tax returns/ Proof of business activities			
Tax exemption certificate (if applicable)		Confirmation of any beneficial owners with 10% or more of the fund	
Other Entities:			
Founding Document or Constitution (If registered)			
Proof of physical address (if any)			
Proof of Banking Details			
Members Resolution of Authorised Signatories with specimen signatures			
Proof of Identity of all persons authorised to act on behalf of the Legal Entity (If available)			
Proof of Identity of all persons who either directly or indirectly holds more than 10 percent shares, voting right or other ownership interest. (If Available)			

Documents that we accept as proof of address:

• Utility bill in the entity's name (Council Rates and Taxes, Water, Electricity)
• Copy of Telecommunications contract statement in the entity's name
• Copy of bank or credit card statement which displays physical address in the entity's name.
• Letter from the Rental company on a rental letterhead
• Copy of BURS document (excluding assessments or e-filing documents) which displays physical address.
• Copy of lease or rental agreement which displays physical address (it is acceptable to only accept the first and last page of the lease agreement if the lease period is reflected in these pages)
• Copy of Entity's Letterhead showing business address and Directors

ANNEXURE B-Prominent Influential Person – Self Declaration

In accordance with Botswana Anti Money laundering, Terrorism and Proliferation Financing

legislation and FIA act, Botswana: -

I/We _____ declare as under that: -

1. I am not a Prominent Influential Person (PIP) or at any point of time closely associated With PIP as defined under FI Act, Botswana.

OR

2. I am a Prominent Influential Person as defined by the FI Act, Botswana and I am holding the following position or closely associated with a person as mentioned under. (Please tick wherever appropriate in below table)

1.	President	
2.	Vice President	
3.	Cabinet Minister	
4.	Speaker of national Assembly	
5.	Deputy Speaker of National Assembly	
6.	Member of the national assembly	
7.	Councillor	
8.	Senior Government Official	
9.	Judicial officer	
10	Kgosi	
11.	Senior executive of private entity of turnover ≥P1,000,000	
12.	Senior executive of public body	
13.	Senior executive of political party	
14.	Senior executive of international organization operating in Botswana	

Name of the Position hold/held: _____

Name of Organisation / Dept. /Entity: _____

PIP IN THE IMMEDIATE FAMILY OR CLOSE ASSOCIATE

Name(s): _____ Surname: _____

Title of the position held: _____ Relationship: _____

Duration/Term: Start Date_____ End Date: _____

Authorized Signature: _____ Date: _____

ANNEXURE C: Declaration of beneficial ownership

The Company hereby confirms and declares that as at date hereby, the following individual(s) is/are the ultimate principal beneficial owner(s) of the Company through ownership in the intermediate or ultimate holding companies:

Full Name	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

Full Name: _____ Capacity: _____

Authorized Signature: _____ Date: _____

ANNEXURE D: Protection of Personal Data Notice – Client Information Sharing Consent

Khumo Property Asset Management Proprietary Limited ("Khumo Property") will process and protect your personal information as required by relevant laws in the provision of services as per the requirements of the Financial Intelligence Act and Data Protection Act. Such processing may include personal identifiable information as well as financial information. You have the right to ask us for a copy of your personal information and to update or correct.

We collect, process, record, collate, store, analyze, disclose, and disseminate personal information for purposes:

- to administer services such as in property asset management, property management, facilities management, property development, leasing, investment broking and valuation
- collection of payments.
- to comply with all legal and regulatory requirements and codes of conduct in our industry
- to protect Khumo Property's interests.
- any purposes related to the above.

If you do not provide the requested information, Khumo Property cannot provide the requested services.

By signature hereof, you give consent for sharing of your personal information with Khumo Property, including its parent company Botswana Insurance Holdings Limited and its subsidiaries (collectively "the BIHL Group") in connection with services rendered by the Group and with other service providers where requiredfor any of the purposes listed above, including law enforcement agencies.

We may send your personal information to service providers outside Botswana for storage or further processing on the Khumo Property's behalf. We will ensure we adhere to the provisions of the Data Protection Actbefore such transborder transfer of your personal information.

Khumo Property may provide you with information about its products services which may includetext messages, emails, and other related platforms. If you do not wish to receive such information, you have the right to withdraw such consent.

Client Consent Declaration – (tick applicable)

Please tick Yes or No	Yes	No
I / We understand that all my personal information is treated as private and confidential by Khumo Property staff, independent contractors, agents, and volunteers		
I / We understand that all my personal information is treated as private and confidential by Khumo Property staff, independent contractors, agents, and volunteers.		
I / We understand that personal information is held about me.		
I / We have the right to see any information that Khumo Property holds about me, and to have my details removed.		
I / We understand my/our right to privacy and the right to have my/our personal information processed in accordance with the conditions for the lawful processing of personal information.		
I / we consent to share my/our personal information voluntarily and understand that such consent may be withdrawn at any time.		
I / We agree that personal information about me may be shared with the BIHL Group companies (including their subsidiaries):		

Full Name: _____ Capacity: _____

Authorized Signature: _____ Date: _____

For Internal Use Only

Bridger Screening Outcome

To be in compliance with AML and Counter-Terrorism Financing (CTF) processes, clients/suppliers/tenants/customers and transactions must screened against a variety of compliance intelligence information, including sanctions lists and Politically Exposed Person (PEP) databases etc.

Results: _____

_____

Received by	**Checked by**	**Approved by (Management)**
_____	_____	_____
Name and Signature	**Name and Signature**	**Name and Signature**