SPECTRUM
insurance brokers

Plot 920 , African Mall
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info@spectrum.co.bw

KNOW YOUR CUSTOMER FORM

Non Individual

Please complete this form in BLOCK CAPITALS and send it to Spectrum Insurance Brokers.

IMPORTANT INFORMATION: In terms of the Financial Intelligence Act 2019, Spectrum Insurance Brokers is required to ascertain and verify the identities of all customers.

Information that is required to be ascertained by Spectrum Insurance Broker	
1. CORPORATE ENTITY	
Company Name	
Physical Address	
Postal Address	
Income Tax Number	
Vat Number	
Country of Incorporation	
Brief description of business	
2. CONTACT PERSON	
Title	
Full Names	
Date of Birth	
National ID/ Passport	
Nationality	
Position	
Email Address	
Telephone	
Fax	
Physical Address	
3. BANKING DETAILS	
Bank Name	
Branch	
Account Number	
Account Type	

DECLARATION OF BENEFICIAL OWNERSHIP

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

Full Names	Residential Address	Date of Birth	Nationality	Percentage of Ownership

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification:

Natural Persons
- Identification document e.g. certified copy of I.D / passport

Company
- Certificate of incorporation
- Memorandum and articles of association
- Notice of registered office and postal address
- Identification documents of the person(s) managing the company
- Resolution specifying who is authorised to act on behalf of the company
- Identification document(s) of the person(s) authorised to act on behalf of the company

Partnerships
- Partnership agreement
- Identification documents of the natural persons who are partners e.g. certified copy of I.D / passport
- Resolution specifying who is authorised to act on behalf of the partnership
- Identification document(s) of the person(s) authorised to act on behalf of the partnership

DECLARATION

I hereby declare that the details furnished above are true and correct for 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 Name ……...

Designation / Position ……

Date …… Place…….. Signature …….