



**KINGDOM BANK AFRICA LIMITED
(‘KINGDOM’)
KNOW YOUR CUSTOMER REQUIREMENTS FORM**

COUNTRY OF RESIDENCE

COMPANY DETAILS

NAME OF ACCOUNT :

COMPANY REGISTRATION NO :

DATE ESTABLISHED :

PHYSICAL ADDRESS :

POSTAL ADDRESS :

.....

AUTHORISED SIGNATORIES

PASSPORT NUMBER

CONTACT PERSON :

TELEPHONE NUMBER: **FAX NUMBER:**

E-MAIL ADDRESS:

2.NATURE OF BUSINESS (Brief description of what the company does/trades in etc)

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3. SOURCE OF INCOME (Briefly state whether from Trading , other sources etc)

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4. **ARE LATEST FINANCIAL STATEMENTS AVAILABLE ?** **Yes/No . If no state reasons, If yes**
please provide a certified copy

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DECLARATION

I/WE DECLARE THAT THE INFORMATION PROVIDED ABOVE IS THE TRUTH. I/WE AM/ARE AWARE THAT MONEY LAUNDERING IS ILLEGAL AND THUS, DECLARE THAT I/WE WILL ONLY USE THE ACCOUNT FOR THE STATED AND AGREED PURPOSES. I/WE ALSO DECLARE THAT I/WE WILL ALWAYS GIVE THE BANK PRIOR WRITTEN NOTICE TO RECEIVE FUNDS PRIOR TO MAKING A DEPOSIT INTO THE ACCOUNT.

I/WE DECLARE THAT THE ACCOUNT BENEFICIARY HAS LEGAL CAPACITY TO OPERATE THE ACCOUNT BEING APPLIED FOR AND THAT SUCH BENEFICIARY WILL NOT BE IN BREACH OF ANY APPLICABLE LAWS EITHER IN THE BENEFICIARY'S COUNTRY OF RESIDENCE OR IN THE REPUBLIC OF BOTSWANA IN SO DOING. I/WE FURTHER DECLARE THAT I/WE AM/ARE DULY AUTHORISED TO REPRESENT THE ACCOUNT BENEFICIARY IN SIGNING THIS APPLICATION FORM.

SIGNATURE:

DATE:.....

AND/OR COMPANY STAMP

SIGNED THIS..... DAY OF.....2008

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Authorised Signatory

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Authorised Signatory

If a signatory was issued with a new passport during the last year please provide a certified copy of the latest one. Send with this form your latest utility bill.