



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

**COUNTRY OF RESIDENCE** .....

**PERSONAL DETAILS**

NAME : .....

SURNAME : .....

LATEST PASSPORT NO: .....

DATE OF BIRTH : .....

OCCUPATION: .....

BASIC SALARY : .....

MARITAL STATUS: .....

NAME OF SPOUSE: .....

PHYSICAL ADDRESS: .....

.....

POSTAL ADDRESS: .....

.....

TELEPHONE NUMBER: ..... FAX NUMBER: .....

E-MAIL ADDRESS: .....

**2. SOURCE OF FUNDS (BRIEFLY STATE THE SOURCE OF INCOME TO THIS A/C)**

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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:.....

SIGNED THIS..... DAY OF.....200

.....  
Authorised Signatory

.....  
Authorised Signatory

P/S Please submit this form together with you recent utility bill and new copy of the passport if applicable