



KNOW YOUR CUSTOMER (KYC) FORM - INDIVIDUALS

SECTION 1: PERSONAL INFORMATION

Full Names: _____

Gender: Male ☐ Female ☐ Nationality _____ Omang/ID Number: _____

ID Expiry Date: DD MM YY Date of Birth: DD MM YY Place of Birth: _____

Status Declarations: (Please tick ☒ appropriate box):

- Living with Disability: [] Yes [] No
- Prominent Influential Person (PIP): [] Yes [] No
 - *[Note: If PIP, an additional Enhanced Due Diligences (EDD) form is mandatory]*
- Marital Status: [] Single [] Married* [] Divorced [] Widowed
 - *[Note: If married, a separate consent form must be filled out]*

SECTION 2: CONTACT & RESIDENTIAL ADDRESS

Physical Address: Plot _____ Ward _____

Village/Town/City: _____ District _____

Constituency: _____ Country: _____

Postal Address: _____ Email: _____

Mobile: _____ Telephone: _____ Fax: _____

SECTION 3: EMPLOYMENT & INCOME

Employer: _____ Occupation: _____

Source of Funds: _____

SECTION 4: NEXT OF KIN, BENEFICIAL OWNER, AND SUCCESSOR

NEXT OF KIN DETAILS

Full Names: _____ Relationship: _____

Physical Address: Plot _____ Village/Town/City: _____

Postal Address: _____ Country: _____

Mobile: _____ Telephone: _____

Employer: _____ Occupation: _____

BENEFICIAL OWNER

Full Names: _____ Relationship: _____
Physical Address: Plot _____ Village/Town/City: _____
Postal Address: _____ Country: _____
Mobile: _____ Telephone: _____
Employer: _____ Occupation: _____

BUSINESS SUCCESSOR (A DESIGNATED INDIVIDUAL OR COMPANY AUTHORIZED TO ENSURE BUSINESS CONTINUITY SHOULD THE PROMOTER BECOME INCAPACITATED.)

Full Names: _____ Relationship: _____
Physical Address: Plot _____ Village/Town/City: _____
Postal Address: _____ Country: _____
Mobile: _____ Telephone: _____
Employer: _____ Occupation: _____

SECTION 5: PROJECT LOCATION DETAILS

Project Physical Address: _____ Ward: _____
Village/Town/City: _____ District: _____
Constituency: _____ Country: _____
Postal Address: _____ Email: _____
Mobile: _____ Telephone: _____ Fax: _____

SECTION 6: BANK ACCOUNT DETAILS

Bank Name: _____ Account Type: _____
Account Holder: _____ Account Number: _____
Source of Funds: _____

SECTION 7: MOBILE WALLET DETAILS

MyZaka (Mascom): ☐ Orange Money(Orange): ☐ Smega (BeMobile): ☐

SECTION 8: DATA PRIVACY NOTE

The information collected in this KYC form is required to enable the Agency to comply with applicable statutory requirements such as FIA Act and anti-money obligations. All personal data provided will be used solely for the intended purpose for customer identification, verification, risk assessment and ongoing regulatory compliance.

We are committed to protecting your privacy and information will be handled confidentially, stored securely in accordance with relevant data protection laws and Agency's internal data security policies. By submitting this form, you acknowledge that you understand the purpose for which your data is being collected and consent to its use as described in this note.

SECTION 9: DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge. In case the information is found to be false or misleading, I am aware I may be held liable.

Full Name: _____ Signature: _____

Date: DD MM YY

SECTION 10: OFFICIAL USE ONLY

Reviewer Name: _____

Signature: _____ Date: DD MM YY

Branch Manager: _____

Signature: _____ Date: DD MM YY

KYC CHECKLIST OF DOCUMENTS COLLECTED (PLEASE TICK ✓ APPROPRIATE BOX)

a) Certified copies of Identification for the promoter, next of kin, beneficial owner, and successor

Valid National Identity Card

- | | |
|---|--------------------------------------|
| ☐ Promoter | ☐ Next of Kin |
| ☐ Beneficial Owner | ☐ Successor |

b) Proof of residence

- ☐ Written confirmation from customer's employer/ Police affidavit
- ☐ Current copy of utility bill in account applicant's names e.g. electricity/water bill/council rates
- ☐ Current tenancy/ lease agreement in the name of account applicant
- ☐ Current rent receipt in the name of account applicant
- ☐ A verifiable letter from the Tribal Administration

c) Proof of project location

- ☐ Written confirmation from customer's employer/ Police affidavit
- ☐ Current copy of utility bill in account applicant's names e.g. electricity/water bill/council rates
- ☐ Current tenancy/ lease agreement in the name of account applicant
- ☐ Current rent receipt in the name of account applicant
- ☐ A verifiable letter from the Tribal Administration

d) Proof of source of income for the promoter, beneficial owner, and successor

- ☐ Pay slip or contract letter from employer/confirmation letter
- ☐ Bank statement
- ☐ Pension letter or certificate
- ☐ Mobile Wallet statements

CEDA NETWORK

GABORONE BRANCH

Physical Address

Plot 5129, Gaborone Main Mall Corner
Pilane and Queens Road

Postal Address

Private Bag 00504, Gaborone, Botswana
T : +267 3181022, F : +267 3181022

KANYE BRANCH

Physical Address

Maswabi Complex, Plot. No. 1264,
Sebonego Ward, Kanye

Postal Address

Private Bag 16, Kanye, Botswana
T : +267 544-0324, F : +267 544-1109

MOLEPOLOLE BRANCH

Physical Address

Plot 470, Borakanelo Ward, Molepolole

Postal Address

P. O. Box 3271, Molepolole, Botswana
T : +267 5920000, F : +267 5915318

PHIKWE BRANCH

Physical Address

Behind Barclays Bank (next to Coop), Main Mall

Postal Address

Private Bag 190, Selebi Phikwe, Botswana
T : +267 262 2377, F : +267 262 2374

FRANCISTOWN BRANCH

Physical Address

Plot No 323676 (Unit 6,7,8) Donga
Along Marang Road

Postal Address:

P. O. Box 1845, Francistown, Botswana
T : +267 241-2775, F : +267 241-6045

LET LHAKANE BRANCH

Physical Address

Plot 10297, Mokgobelele Ward, Letlhakane

Postal Address

Private Bag 55, Letlhakane, Botswana
Tel: 297 6254

MAUN BRANCH

Physical Address

Tsheko Road (Next to Standard Chartered
Bank and Behind Center Lodge), Old Mall

Postal Address

P/Bag 393, Maun, Botswana,
T : +267 686-4169, F : +267 686-4858

SHAKAWE BRANCH

Physical Address

Acacia Mall - Unit 10, Plot 180, Shakawe
Botswana

Postal Address

Private Bag16, Shakawe.
Tel: 6875090. Fax: 6875093

KASANE BRANCH

Physical Address

Plot 5085- Nunga Road (Within the Rural
Administration Centre]

Postal Address

P O Box 63, Kasane
Tel : 625 0183 Fax: 6250185

GHANZI BRANCH

Physical Address

Plot 1299 (Opposite Bus Rank, Next to
Delta Pharmacy)

Postal Address

P. O. Box 792, Ghanzi, Botswana
T : +267 659-7331, F : +267 659-7595

PALAPYE BRANCH

Physical Address

Riverview Mall A1 Road,
Plot 8717 Unit 17, Palapye

Postal Address

Private Bag 24, Palapye, Botswana
T : +267 4920279, F : +267 4920235

HUKUNTSI BRANCH

Physical Address

Macheng Mall, Plot No. 158, Unit 7

Postal Address

P.O Box ,131 Hukuntsi Botswana
T : +267 6510170 F: 267 6510169

TSABONG BRANCH

Physical Address

Plot No. 7069, Tsabong Rural
Administrative Centre (RAC)

Postal Address

Private Bag 23, Tsabong
T: +267 654 0208 F: +267 654 0208

TUTUME BRANCH

Physical Address

Plot No 1551, Magapatona Ward
Sefalana Shoppers Complex

T : +267 2987003