



## Know Your Customer (KYC) - For Non-Individuals

### CORPORATE ENTITY

Company Name:  Registration No:

Postal Address:  Physical Address:

Email:  Country of Incorporation:

Website:

**Brief description of business:**

### CONTACT PERSON

Title:  Name(s):  Surname:

Date of Birth:         National ID / Passport No.:  Nationality:

Capacity / Position:  Email:

Telephone No.  Fax No.

Physical Address:

Village / Town / City:  Country:

### BANKING DETAILS

Account Name:  Account No.

Bank Name:  Branch:  Branch Code:

### DECLARATION OF BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as the date hereof, 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	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
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### ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

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

**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 *Continues overleaf.ww*
- Identification document(s) of the person(s) authorised to act on behalf of the company

**Partnership**

- Partnership agreement
- Identification documents of the natural persons who are partners e.g. certified copy of ID / 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 to 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, untrue, misleading or misrepresenting, I am aware that I may be liable for it.

Full Name:  Designation / Position:

Date:         Place:  Signature:

Please submit the completed form and specified documents to your nearest Metropolitan office or Broker, alternatively it can be scanned and emailed to: [kyc@metropolitan.co.bw](mailto:kyc@metropolitan.co.bw)