

P. O. Box 403200,
 3rd Floor, North Tower
 430 Square, CBD
 Western Commercial Road
 Tel: +267 3960214
 Email: info@lordsinsure.co.bw

KNOW YOUR CUSTOMER FORM

Date form last signed

NON-INDIVIDUALS

1. COMPANY DETAILS

| | | | |
|-------------------------------|----------|--|--|
| Company Name | | | |
| Postal Address | | | |
| Physical Address | | | |
| Email Address | | | |
| Phone Number | Fax | | |
| Country of Incorporation | Website | | |
| Brief description of business | | | |
| Vat Registration No | Reg: No. | | |

2. CONTACT PERSON

| | | | |
|-----------------------|---------------------|--------------|--|
| Title | Name(s) | Surname | |
| Date of Birth | National ID | Passport No. | |
| Nationality | Capacity / Position | | |
| Telephone | Fax | Mobile | |
| Email | | | |
| Physical Address | | | |
| Village / Town / City | | | |

a. BANKING DETAILS

| | | | |
|----------------|-------------|--|--|
| Account Name | | | |
| Account Number | | | |
| Bank | | | |
| Branch | Branch Code | | |

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(s) of the Company through ownership in the intermediate or ultimate holding companies:

| Full Name | Residential Address | Date of Birth | Nationality | Percentage of ownership (%) |
|-----------|---------------------|---------------|-------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ANTIMONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the financial 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
 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

Consent Form - Data Protection And Confidentiality

Lords Insurance (Pty) Ltd is committed to protecting your personal information in accordance with Data Protection Act (2024). All personal information provided by you will be treated with high level of confidentiality and solely for purpose related to your insurance policy.

We will not disclose your personal information to any third party without your consent, except in the following cases,

1. When required or permitted by law or regulatory authorities.
2. For the purpose of administering your policy, including claims processing and risk assessment.
3. Where necessary to protect the legitimate interest of Lords Insurance (Pty) Ltd, provided such disclosure is compliant with Data Protection Act (2024).4

By accepting this contract, you consent to the collection, processing and sharing of your personal information as outlined above.

If you wish to update or request access to your personal data, please contact our Data Protection Officer at

Tel: +267 3960214

Email: dataprivacy@lordsinsure.com

Client Name:

Client Signature:

Date:



Scan Me
Data Privacy Statement