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3rd Floor, North Tower  
430 Square, CBD  
Western Commercial Road  
Tel: +267 3960214  
Email: [info@lordsinsure.co.bw](mailto:info@lordsinsure.co.bw)

## KNOW YOUR CUSTOMER FORM

### INDIVIDUALS

#### 1. INSURED DETAILS

Title	<input type="text"/>		
Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	National ID / Passport No	<input type="text"/>
Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Village / Town / City	<input type="text"/>	Country	<input type="text"/>
Duration of stay	<input type="text"/>	if >2 years give previous Country of residence	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		

#### 2. CONTACT PERSON (If different from the above)

Title	<input type="text"/>		
Name(s)	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>	National ID / Passport No.	<input type="text"/>
Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		

#### 3. BANKING DETAILS

Bank Name	<input type="text"/>	Branch Number	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/>

## ANTIMONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

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

### Natural Persons

- Identification document e.g. Certified copy of I.D / Passport
- Proof Residence
- Proof of Bank Account (Not older than 3 months)
- Proof of employment

For Proof of Address Please submit any of the following valid documents (Latest):

Telephone bill

Electricity bill

Water bill

Lease agreement

## 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](mailto:dataprivacy@lordsinsure.com)**

Client Name:

Client Signature:

Date:



Scan Me  
Data Privacy Statement