

KNOW YOUR CUSTOMER:

FORM LAST COMPLETED IN (MM/Y	R)
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	<u>F</u>	OR INDIVIDUALS	
IDENTITY DETAIL	S:		
Title Nam	nes(s)		Surname
Date of Birth	National	ID/Passport No	
Nationality			
ADDRESS AND CO			
Village/Town/City		Country	
Duration of Stay	if < 2 years gi	ve previous place of	residence
Telephone	Mobile_		_ Fax
Email Address			
For Proof of Addres	ss kindly submit	any of the following	g valid documents (Latest):
Confirmation of Emp	loyment	Telephone Bill	Electricity Bill
Water Bill	Affividaffit		
BANKING DETAILS	S		
Bank Name		Branch	l

GUIDANCE FORM-MINIMUM REQUIREMENT- TO BE COMPLETED ANNUALLY 20___

Account Number _		Acc	ount type	
	<u>F(</u>	OR NON-INDIVIDU	ALS	
CORPORATE EN	TITY:			
Company Name _			Registration No _	
Postal Address				
Email Address				
		Web		
CONTACT PERSO				
Title N	lames(s)		Surname	
		ionality ID/Passport N		
		acity/Position		
Email Address		Telephone	Fax_	
Physical Address_		Village/To	wn/City	
Country				
BANKING DETA	ILS			
Bank		Branch_		
Account Name		Account r	0	
Branch code				
DECLARATION	OF BENEFIC	IAL OWNERSHIP		
individual(s) is/are	the ultimate prin	I declares that as at t ncipal beneficial owne timate holding compa	er(s) of the compar	•
Full Name	Residential	Date of Birth	Nationality	Percentage of

ownership

Address

GUIDA	NCE FORM-	MINIMUM REQUIRE	MENT- TO BE COM	MPLETED ANNUAL	LY 20
	MONEY LAI	UNDERING AND (COUNTER TERRO	RIST FINANCING	i .
	ordance with	the Financial Intel	ligence Regulation	s, the following do	cuments should
Natura	al Persons				
-	Identification	on document eg Ce	ertified copy of ID/p	assport	
Comp	any				
-	Memorand Notice of R Identification Resolution	of incorporation um of Articles of As egistered Office ar on documents of the specifying who is a on document(s) of the	nd Postal Address e person(s) manag authorised to act or	n behalf of the com	
Partne	erships				
-	Identification I.D/ passport Resolution	specifying who is a on document(s) of t	authorised to act or	n behalf of the part	nership
			DECLARATION	[
I herel	by declare th	at the details furnis	shed above by mys	self are true and co	rrect to the best of

I hereby declare that the details furnished above by myself are true and correct to the best of my knowledge and belief. I shall inform you of any changes therein immediately. In case any of the above information provided by myself is found to be false, misleading, or misrepresenting I shall be liable for it.

Full Name			
Designation/Position	Date	Place	

GUIDANCE FORM-MINIMUM REQUIREMENT- TO BE COMPLETED ANNUALLY 20____ Signature _____