

|                             | KNOW                     | YOUR CUSTOMER: IN                | IDIVIDUALS  |  |
|-----------------------------|--------------------------|----------------------------------|-------------|--|
| Form last complete          | d:                       | _                                |             |  |
| IDENTITY DETAILS TITLE: Mr. | Ms. Mrs.                 | Others: _                        |             |  |
| NAME(S):                    |                          | Surname:                         | Member No:  |  |
| Date of Birth:              | National                 | Nationality: Omang /passport no: |             |  |
|                             | ADD                      | RESS AND CONTACT                 | DETAILS     |  |
| Postal Address:             |                          |                                  |             |  |
| Physical Address:           | Village/Town/City:       |                                  |             |  |
| Country:                    | Duration of Stay:        |                                  |             |  |
| If less than 2 years g      | give previous residentic | al address:                      |             |  |
| Telephone (H):              |                          | Mobile 1:                        | Mobile 2:   |  |
| Fax:                        | Email Address: _         |                                  |             |  |
| Employer:                   | Place of Work:           |                                  |             |  |
| Occupation:                 | Work Tel No:             |                                  |             |  |
|                             |                          |                                  |             |  |
|                             |                          | BANKING DETAIL                   | S           |  |
| Bank Name:                  | Branch:                  |                                  |             |  |
| Account Number: _           | Account Type:            |                                  |             |  |
| Source of Funds:            |                          |                                  |             |  |
| State nature of busi        | ness if funds received   | from sources other t             | han salary: |  |
|                             |                          | <del></del>                      |             |  |



## ANTI-MONEY LAUNDERING AND COUNTER TERRORISM FINANCING REQUIREMENTS

In accordance with the Financial Intelligence regulations **PART II** sub regulation 5, 7 and 8, the following documents should be provided for verification:

## **NATURAL PERSONS**

- 1. Identification documents
- 2. Source of Funds/Proof of income e.g Payslip or bank statement
- 3. Proof of residence- utility bill (not older than 3 months title deed or letter from employer and Affidavit from Commissioner of Oath
- 4. Birth Certificate (Minors)

## **COMPANY**

- 1. Certificate of Incorporation
- 2. Memorandum and Articles of Association
- 3. Notice of Registered Office and Postal Address
- 4. Identification documents of the Person(s) managing the company
- 5. Resolutions specifying who is authorised to act on behalf of company
- 6. Identification documents of person(s) authorised to act on behalf of the company
- 7. Director shareholding documents

## **PARTNERSHIPS**

- 1. Partnership agreement
- 2. Identification documents of natural persons who are partners. e.g. certified copy of ID
- 3. Resolutions specifying who is authorised to act on behalf of the partnership.
- 4. Identification document(s) of the persons authorised to act on behalf of the partnership

| DECLARATION |   |  |  |  |
|-------------|---|--|--|--|
| •           | ove are true and correct to the best of my knowledge. In case untrue or misleading, I am aware that I may be liable for it. |  |  |  |
| Full Name:  |   |  |  |  |
| Place:      | _ Signature:  |  |  |  |