



Membership Application / Renewal Form (KYC Client Profile) July 2022 – June 2023

Annual Subscriptions

Honorary P0-00
Individuals P1, 500-00
Corporate/Companies P5, 500-00
Retirement Funds P5, 500-00 (Irrespective of number of members)

Joining Fee P1, 000-00 (not payable on renewal of membership)

Title (tick): Dr./ Professor/Mr./Mrs./Ms/ Entity

Full Name of Applicant: _____

Postal Address: _____

Residential Address: _____

Contact Number: _____

Mobile Number: _____

Industry Type: _____

Identity Number/Registration Number: _____

Profession (applies to individuals only): _____

Name of Employer (applies to individuals only): _____

Position Held (applies to individuals only): _____

Length of employment: _____

NBFIRA License Number (applies to entities only): _____

Category of membership required: Individual / Corporate / Retirement Fund
(Tick as appropriate)

ENTITIES SECTION ONLY

Number of members (including pensioners): _____ (if a retirement fund)

Name of Principal Officer: _____

Email: _____ Tel: _____

Name of alternate & contact: _____

Alternate's email: _____ Tel: _____

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is/are the ultimate beneficial owner(s) of the Company through ownership in the ultimate companies

Listing of Ultimate Beneficial Owners

No.	Full Names	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

DECLARATION OF PROMINENT INFLUENTIAL PERSONS (PEP/PIP) STATUS

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is/are the PEPs/PIP related to the Company through ownership or directorship or position (Senior Management/Executive) in the Company:

Listing of Prominent Influential Persons

No.	Full Names	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

DECLARATION AND CONSENT

I confirm and declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform the society of any changes therein, immediately.

I authorize the society to make any enquiries you consider necessary to substantiate any of the above.

We undertake to furnish the Society with any other information that may be related to and necessary for purposes of this application and our membership of the Society.

FOR AND ON BEHALF OF: _____

SIGNATURE: _____

DATE: _____

Please send your completed application form together with your joining fee and annual subscription payment to the address below.

Physical Address: Plot 64516, Unit 305, Showgrounds Close, Gaborone

Postal Address: P O Box 432 AAH , Gaborone, Botswana

E-mail: executive@botswanapensionsociety.co.bw

Documents Required:

PAYMENT Direct bank deposits: Account Name: Botswana Pensions Society; Bank: FNB
Branch: First Place (281467); Account Number: 62070887553

- Omang (citizens) or Passport (non-citizens) for individuals
- Letter of confirmation of employment for individuals
- Certificate of incorporation or Partnership agreement
- Copy of NBFIRA License
- Company constitution
- Proof of physical and postal address of company
- Resolution specifying who is authorized to act on behalf of the Company
- Omang (citizens) or Passport (non-citizens) of the person authorised to act as the "contact person"
- Bank Reference Letter
- Tax Clearance certificate