



## 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*