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REPUBLIC OF BOTSWANA

BOTSWANA DIAMOND HUB

FORM 2a_DH-KYC LP **Revision 0**

KNOW YOUR CUSTOMER/SUPPLIER (KYC/KYS)	PASSPORT SIZE PHOTOGRAPH of INDIVIDUAL/AUTHORIZED SIGNATORY (if any)

A	**LEGAL PERSON** (Tick appropriate box) ***NB Details to Comply with Regulation 6-9 of the Financial Intelligence Regulations, 2019***	
1.	☐ Body Corporate ☐ Partnership	☐ Trust *(to complete section* ☐ Other Entities (Specify)
2.	Registered Name	
3.	Trading/Business Name (if Foreign Based Corporate)	
4.	Trading/Business Name used in Botswana (If Foreign Corporate trading in Botswana)	
5.	Registered Address in Country of Incorporation (or address of head office where there are multiple addresses in foreign country	
6.	Registered Address in Botswana (or Address of office seeking to establish a business relationship or to conclude a transaction, where there are multiple Addresses in Botswana)	
7.	Certificate of Incorporation/Registration Number	
8.	Nature of Business/Principal Activities	
9.	Products/Transactions (e.g. polished diamonds, rough sales etc.)	
10.	/Registration No	
11.	Trading License No	
12.	Income Tax No *(Issued by Botswana Unified Revenue Service or such numbers Issued by similar Revenue Office in which the Company was Incorporated)*	
13.	Value Added Tax Registration No: *(Issued by Botswana Unified Revenue Service or Such Numbers Issues by Similar Revenue Office in which the Company was Incorporated)*	
14.	Postal Address	

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15.	Principal Business address from which business is transacted (of the Body Corporate/Trusts/Foundation/Partnership firm	
16.	Contact Details: *Telephone,* *Fax number,* *E-mail address* *Website*	
17.	Country of Primary Residence	
18.	Full Name(s) of Authorized Signatory/ies for signing important documents (Please provide recent passport size self-attested photographs of each signatory)	
19.	Full Names of PIP(s)	
20.	Source of Funds (if PIP)	
B	**COMPANY MANAGER(S)/DIRECTOR(S)/SHAREHOLDER(S)** *(Fill in following details for each person, as required)*	
21.	i. Full Names of Shareholder/Director/Person Acting on Behalf (including alias)/Partner (Including Silent Partners) ii. Nationality iii. Legal Status in the Company iv. National Identity No (For Citizens)/Passport No (For Non-Citizens) v. Date of Birth vi. Residence Permit No: & Date of Expiry vii. Citizenship viii. Country of Origin ix. Country of Residence x. Postal Address xi. Physical (Principal) Address xii. Telephone, xiii. Fax number, xiv. E-mail address xv. Website xvi. Source of Funds (if PIP) xvii. List of other Businesses or shareholding (if PIP)	
C	**BENEFICIAL OWNERSHIP** (Repeat for each Beneficial Owner)	
22.	i. Full Names of direct and/or indirect Beneficial Owner/Person Acting on Behalf (including alias) ii. Legal Status in the Company iii. identity No (For Citizens)/Passport No (For Non-Citizens) & Expiry Date iv. Date of Birth v. Occupation vi. Residence Permit No: & Date of Expiry vii. Citizenship	

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	viii. Country of Origin ix. Country of Residence x. Postal Address xi. Physical (Principal) Address xii. Telephone, xiii. Fax number, xiv. E-mail address xv. Website xvi. Full Names of PIP(s) xvii. Source of Funds (if PIP) xviii. List of other Businesses or shareholding	
D	**AUTHORISED LEGAL REPRESENTATIVE**	
23.	i. Full Names of Person Acting on Behalf (including alias) ii. Legal Status in the Company iii. Identity No (For Citizens)/Passport No (For Non-Citizens) iv. Date of Birth v. Residence Permit No: & Date of Expiry vi. Citizenship vii. Country of Origin viii. Country of Residence ix. Postal Address x. Physical (Principal) Address xi. Telephone, xii. Fax number, xiii. E-mail address xiv. Website xv. Authority to establish business relationship? (Attach proof from Senior Management) xvi. Are you a PIP xvii. Source of Funds xviii. List of other Businesses or shareholding	
E	**TRUSTS (***to be completed if legal person is a Trust)*	
24.	Registered Name	
25.	Registration Number (if any)	
26.	Country where the Trust was set up	
27.	Management Company of the Trust (if any)	
28.	Full Name of the Trust (if not registered)	
29.	Residential Address	
30.	Contact Details: i. Telephone, ii. Fax number iii. E-mail address iv. Website	
31.	Legal Representative of the Trust	
32.	Full Name of Trustee	
33.	Identity Card No (For Citizens & Residents)/Passport No (For Non-Citizens/Non-Residents) of trustee	
34.	Date of Birth of Trustee	

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35.	Full Name of beneficiary (referred to by name in the trust deed or other founding instrument)	
36.	Identity Card No (For Citizens & Residents)/Passport No (For Non-Citizens/Non-Residents) of beneficiary	
37.	Date of Birth of Beneficiary	
38.	Founder of the Trust	
39.	Identity Card No (For Citizens & Residents)/Passport No (For Non-Citizens/Non-Residents) of founder of the trust	
40.	Date of Birth of Founder of Trust	
41.	Full Names of PIP(s)	
42.	Source of Funds	
F	**BENEFICIAL OWNERSHIP OF PARTNER** (Repeat for each Owner)	
43.	i. Full Names of Beneficial Owner/Person Acting on Behalf (including alias) ii. Legal Status in the Company iii. Date of Birth iv. identity No (For Citizens)/Passport No (For Non-Citizens) v. Residence Permit No: & Date of Expiry vi. Occupation vii. Citizenship viii. Country of Origin ix. Country of Residence x. Postal Address xi. Physical (Principal) Address xii. Telephone, xiii. Fax number, xiv. E-mail address xv. Website xvi. Deed of Trust xvii. Full Names of PIP(s) xviii. Source of Funds xix. List of other Businesses or shareholding	

Note: Provide two certified copies of each document stated in the checklist below.

I/We hereby declare that the particulars given herein above are true, correct and complete to the best of my/our knowledge and belief, the documents submitted in support of this Form KYC are genuine and obtained legally from the respective issuing/competent authority. In case of any change in any of the aforementioned particulars, I/we undertake to notify you in writing failing which the above particulars may be relied as true and up to date, as tendered by the individual so authorized and mentioned in the form. I/we hereby authorize you to submit the above particulars to the customs and other regulatory authorities on my/our behalf as may be required in order to do our legitimate business or transact and/or offer our services.

Place Signature _____

Date Official Seal (for all other than individuals) Name

The following documents (in the check list) are mandatory and two sets are required, each to be self-certified with company seal and/or seal of Competent Authority.

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Check List

S.No.	Category	Documents Required
1.	Company	☐ Copy of board resolution authorizing the account signatories ☐ Copies of Power of Attorney or any other authority given by the directors affecting the operation of the company account ☐ Copy of Certificate of Incorporation/Trading License ☐ Copy of Memorandum of Association ☐ Copy of Board Resolution ☐ Proof of a bank account granted to its managers, officers or employees to transact business on its behalf ☐ Copy of utility bill in the name of the company or proof of physical address ☐ Deed of Trust ☐ 2 Photographs each of Authorized signatories
2.	Trust	☐ Certificate of registration, ☐ Power of Attorney (PoA) granted to transact business on its behalf ☐ Any officially valid document to identify the trustees, settlers, beneficiaries and those holding the PoA, founders/managers/directors and their addresses ☐ Resolution of the managing body of the trust ☐ Copy of utility bill in the name of trust/foundation proof of physical address ☐ Proof of a bank Account ☐ 2 Photographs each of authorized signatories ☐ Name of trustees, settlers, beneficiaries and signatories ☐ Name and address of the founder, the managers, directors and the beneficiaries, in full, complete and correct. ☐ Telephone and fax number, e-mail address of the trust, founder and trustees.
3.	Partnership firm	☐ Registration certificate, Trading License ☐ Partnership deed ☐ Power of Attorney(PoA) granted to a partner or an employee to transact business on its behalf ☐ Any officially valid document identifying the partners and the person holding the PoA and their addresses ☐ Utility bill in the name of firm/partners or proof of physical address ☐ 2 passport size Photographs of each Authorized signatories
	Any Other Entity	☐ Applicable documents listed under 1, 2, 3 above

Note: Two certified copies of each document stated in the checklist to be attached to the KYC form

I/We hereby declare that the particulars and documents attached as per the checklist are true, accurate and complete to the best of my/our knowledge and belief, The documents submitted in support of **FORM 2a_DH-KYC LP** are authentic and have been obtained legally from the respective issuing/competent authority. I/We also declare that the particulars and documents stated in **FORM 2a_DH-KYC LP** are true, accurate and authentic to the best of my/our knowledge and belief. In case of any change in any of the aforementioned particulars, I/We undertake to notify the Supervisory Authority timeously in writing. In the absence of any update, the above particulars may be relied upon as true, accurate and up to date. I/We authorize the Supervisory Authority to submit the above particulars, to other regulatory authorities as may be required by law.

Place _____ Signature _____

Date _____ Official Seal _____ Name _____

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