

JOINT LEGAL GUARDIAN

Surname

Name/s

Omang

Passport No..... Nationality Expiry date

Permanent residential address.....

Tel. No. (Off).....(Res) (Mobile) Fax No.

Email..... Date of birth (dd/mm/yyyy) /..... /.....

Service/Business/Professional/Others (Supported documents)

Name and address of present employer

Marital status Single Married Other bank(s) used

FOR EXPATRIATES ONLY

1. Overseas home address

2. Passport No.:.....Date of Issue:.....Date of Expiry.....

3. Residence permit expires on...../...../..... Work permit expires on// (Copy to be produced)

I/We confirm that the details given are correct, true and complete and I/we further authorise the Bank to obtain independent verification of any data that has been provided.

Date:.....//

Customer/s Signature:.....

FOR BANK USE ONLY

CUST. ID:

- 1. KYC Documents Completed
- 2. Work and Residence Permits Verified

Input by Verified by Approved by

NAME: NAME:..... NAME:.....

CHECKLIST	PERFORMED BY Initials	CHECKLIST	PERFORMED BY Initials
Omang/Passport		Trading Licence	
Proof of address (BPC/WUC/Telecom Bill/Bank Statement)		Affidavit for personal trader (using Trade Name)	
Completed signature card duly authorised		Business Registration Card	
Proof of customer's occupation		Direct Debit application form	
Birth Certificate (For Minor & Incapacitated Adult)		Account terms & conditions	
Judge's Order (Where applicable)		Service Charges schedule	
Bank reference		Other documents	

PERSONAL ACCOUNT OPENING FORM

Savings Current Account Fixed Deposit New Customer Existing Customer

ACCOUNT NO.

TITLE: MR/MRS/MISS/MINOR MAIN ACCOUNT HOLDER
SURNAME

NAME/S

Other Account Holder (if applicable)

NAME/S	<input type="checkbox"/> JOINT	<input type="checkbox"/> LEGAL GUARDIAN
SURNAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
NAME/S	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Account Status Sole Joint Currency: BWP USD EUR GBP ZAR

Purpose of opening account..... Expected flow of funds..... Monthly/Yearly

Source of funds: Initial deposit:..... effected by (Chq/Cash/DD/TT/Trt)

Please open a personal sole/joint account in my/our name/s as detailed above. I/we have received and read the terms and conditions for Account holders and agree to comply with them. I/We am/are aware that a copy of the tariff brochure and the Code of Banking Practice are available at the branch for my/our perusal. In addition, there are other specific terms and conditions applicable to particular types of account. Copies of such terms & conditions are available at the bank. These Terms and conditions are to be governed by and construed in accordance with the laws of Botswana.

I/We am/are aware that following the enforcement of the Financial Intelligence and Anti-Money Laundering regulations, financial institutions must take such measures as are reasonably necessary to ensure that neither they nor any service offered by them are capable of being used by a person to commit or to facilitate the commission of a money laundering offence. As such, I/we certify that the money remitted to this account now is not proceeds of any economic crime or money laundering activity.

I/We am/are also aware that I/we am/are required to exercise reasonable promptness in examining my/our bank statement or cheque/s to determine whether any payment was not authorised because of an alteration of a cheque or because of a purported signature by me/us or on my/our behalf was not authorised.

I/We hereby declare that the information in this CUSTOMER PERSONAL DETAILS FORM dated is true and current.

(In case of changes, please specify below supported by documentary evidence)

.....

DATE:/...../.....

SIGNATURE/S

FOR JOINT ACCOUNT

We agree that our account is to be operated [by FORMER OR SURVIVOR / EITHER OR SURVIVOR / JOINTLY (i.e.Both to sign), please specify].

We, the undersigned, hereby request you and authorise you as follows:

1. To open or continue (as the case may be) any account or accounts in our joint names as..... of us may direct and to close any account so opened or continued or subsequently opened as of us may direct.
2. To place to the credit of any account in our joint names all amounts, including dividends, interests and capital sums from Securities or proceeds of cheques or bills received or collected by you for the credit of any of us.
3. To honour and comply with all cheques, promissory notes and other orders drawn and all bills accepted on our behalf, whether our current account be in credit or overdrawn, to comply with all directions given for or in connection with any Account or Accounts or any kind whatsoever on our behalf and to accept and act upon all receipts for monies deposited with or owing by you or any account or accounts in our names provided that such cheques, promissory notes, orders, Bills, directions or receipts are signed by..... of us.
4. To make at the request of of us any advance to us by way of loan or overdraft or discount or in any manner howsoever with or without security.
5. To deliver up on the instructions of of us any securities, deeds, boxes and parcels their contents, and property of any description held in our joint names.
6. On the death of either or (as the case may be) any of us, to hold any credit balance on any credit balance account in the Joint names of the survivors and heirs of the deceased holder.

In the absence of any directions to the contrary, all accounts subsequently opened shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.

We agree that the Bank may without notice combine or consolidate our account(s) with any liabilities to the Bank and set-off or transfer any sum(s) standing to the credit of any such accounts or any other sum(s) owing to us from the Bank in or towards satisfaction of our liabilities to the bank or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint and that the Bank's rights hereunder shall not be affected by our death or the death of any one or more of us.

We agree that any liability whatsoever incurred to you by us in respect of the foregoing shall be joint and several.

Date:/...../..... SIGNATURES

SPECIMEN SIGNATURE CARD			ACCOUNT NO: <input style="width: 150px; height: 25px;" type="text"/>
NAME/S	OMANG/PASSPORT NO.	SPECIMEN SIGNATURE	

OPERATING INSTRUCTIONS

FOR BANK USE ONLY	CUST ID: <input style="width: 150px; height: 30px;" type="text"/>
Input by Verified by Approved by	
NAME: NAME:..... NAME:.....	