



SOWING THE SEED OF MENTAL STRENGTH
KNOW YOUR CLIENT

INDIVIDUAL

IDENTITY DETAILS

Title _____ Full Name(s) _____
Surname _____ Nationality _____
Date of Birth _____
Omang/
Passport Number _____

ADDRESS AND CONTACT DETAILS

Postal Address _____
Physical Address _____
Village/Town/City _____ Country _____
Duration of Stay _____
Telephone _____ Mobile _____
Fax _____ Email Address _____
Employer _____ Place of Work _____
Occupation _____ Work Tel No. _____

BANKING DETAILS

Bank Name _____ Branch _____
Account Number _____ Account Type _____
Source of Funds _____
State nature of business if funds received from sources other than salary _____



SOWING THE SEED OF MENTAL STRENGTH

AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS

I, the undersigned

NAMES OF : _____ Full names as they appear on ID/Passport

ID NO./ _____ To be filled out by citizens of Botswana

PASSPORT NO.: _____ To be filled out by non- citizens

Do hereby make an oath and state that :-

1. The contents of this affidavit are within my personal knowledge, save where indicated and the same are true and correct to the best of my knowledge and belief.
2. I am an adult female/male of full legal capacity residing at _____ Physical address (Plot number/Street name/Kgotla/Ward (Fill out as appropriate)) and of postal address P O BOX/ Private Bag _____
3. I am currently employed by _____ Name of employer or Self Employed as _____ Job title/ Position/ Business done if self employed
4. I verify that the contents in this affidavit are true.

DEPONENT

THUS DONE AND SWORN TO AND SIGNED BEFORE ME
AT _____ THIS _____ DAY OF _____ AT
_____ AM/PM. THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS
AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, ADHERES THERETO, HAS NO
OBJECTION TO TAKING THE PRESCRIBED OATH, WHICH HE/SHE CONSIDERS BINDING
ON HIS /HER CONSCIENCE, THE PROVISIONS OF THE RULES OF THE COMMISSIONER
OF OATHS ACT HAVE BEEN FULLY COMPLIED WITH.

COMMISSIONER OF OATHS



SOWING THE SEED OF MENTAL STRENGTH

ANTI-MONEY LAUNDERING AND **COUTNER TERRORIST FINANCING REQUIREMENTS**

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification

Natural Persons

- Identification document e.g. certified copy of ID/ Passport - work & residence permit for foreign nationals
- Source of funds / proof of income e.g. pay slip/ bank statement / affidavit.
- Proof of residence - Utility bill (not older than 3 months) / lease agreement or title deed/ letter from employer/ affidavit from Commissioner of Oath
- Birth Certificate - for child to be enrolled.

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be liable for it.

Full Name

Date

Place

Signature

Application form Checklist

	Yes	No	N/A	Comments
Certified copy of ID/ Passport (Parent(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copy of work permit & residence permit for non-citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Postal Address provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Address provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of Address confirmation provided (Lease, utility or title deed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copy of ID/Passport for Spouse (if married)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of Marriage (Marriage certificate if married)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of Marriage (Marriage certificate if married)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copies of Birth Certificate(s) for Children/ Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Actual Salary confirmed (if employed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of Salary provided (Payslip or confirmation letter from employer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banking Details provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of Bank Account (Bank Statement/ Bank Letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
How did you get to know about Ethan English Medium School? survey question answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
KYC Form Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments											
Customer Name:											
Customer Signature:			Date of Application	D	D	M	M	Y	Y	Y	Y

FOR OFFICIAL USE ONLY

Date Signed	D	D	M	M	Y	Y	Y	Y				
Comments												
Comments												