

Please fill in block letters using black or blue ink.

SECTION A IDENTITY DETAILS

Title	Mr ☐	Mrs ☐	Ms ☐	Dr ☐	Prof ☐
Name(s)					
Surname					
Date of birth					
Nationality					

PROMINENT INFLUENTIAL PERSON (PIP) STATUS:

Are you a prominent influential person, or related to / affiliated with a prominent influential person?

☐ YES ☐ NO

(If YES, please ensure you complete the PIP Annexure on Page 3)

SECTION B ADDRESS AND CONTACT DETAILS

Postal address			
Physical address Permanent			
Physical address Current			
Duration of residence		If less than 2 years, state previous place of residence	
Telephone number			
Mobile number			
Email address			
Employer			
Location of work		Occupation	
Telephone (Work)			

SECTION C BANKING DETAILS

Account holder name			
Account number			
Bank name		Branch	
Account type			
Source of Funds			
State nature of business if funds received from sources other than salary			

SECTION D ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations, the following certified documents must be provided for verification:

- Identification Documents:** Certified copy of Omang (ID) / Passport & Work Permit for foreign nationals.
- Source of Funds:** Latest payslip (not older than 3 months) or bank statement (not older than 3 months).
- Proof of Address:** Utility bill (water/electricity/telephone), lease agreement, tribal authority letter, employer letter, or affidavit (not older than 3 months).
- Authority to Act:** If acting on behalf of another, the ID card of that person and written authority to act on their behalf.

SECTION E 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, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.

Full name		Date	
Signature		Place	

SECTION F: STATUTORY CONSENT AND DATA PROTECTION

Pursuant to the Botswana Data Protection Act, 2024, I hereby explicitly consent to Babereki Life Insurance Company (BLIC) collecting and processing my personal data for the purpose of assessing this application and ensuring compliance with legal and regulatory obligations.

Furthermore, I acknowledge that in compliance with the Financial Intelligence Act, 2022, BLIC is legally mandated to screen my details against national and international sanctions lists. I also acknowledge that BLIC is required by law to retain these Customer Due Diligence (CDD) records for the statutory AML/CFT retention period (up to 20 years), which supersedes general data deletion requests under the Data Protection Act.

SECTION G: FOR OFFICIAL USE

Receiving Officer Name:

Date

D

D

M

M

Y

Y

Y

Y

Signature

Place

The form can be emailed to claims@blic.co.bw or call 3321290 for further