KNOW YOUR CUSTOMER (KYC)

Revised April 2025

BOTSWANA CIVIL SERVICE PENSIONERS ASSOCIATION

Retired ... not tired

DATE D D M M Y Y

SECTION A: PERSONAL DETAILS

Name(s) _____ **Surname** _____

Date of Birth D D M M Y Y **Gender** F M **Marital Status** (tick) Single | Married | Divorced | Widowed

Nationality _____ **ID/ Omang Number** _____

Paymaster _____

Contact Number (s) _____ _____

Email Address _____

Postal Address _____

Plot No. _____ **Ward** _____

Town / Village _____ **Telephone No.** _____

Preferred Method of Communication ☐ Phone Call ☐ Email ☐ SMS

SECTION B: IDENTIFICATION & VERIFICATION DOCUMENTS

Please attach **CLEAR** copies of the following:

☐ Certified Copy of National ID or Passport

SECTION C: SPOUSE / NEXT OF KIN DETAILS

Name(s) _____ **Surname** _____

Relationship to Member ☐ Spouse ☐ Next of Kin **Other** _____

Date of Birth D D M M Y Y **ID/ Omang Number** _____

Gender F M **Contact Number(s)** _____ _____

Email Address _____

SECTION D: DECLARATION & CONSENT *(Tick the Boxes)*

By signing this form, I confirm and agree to the following:

☐ I declare that the information provided is true and correct.

☐ I consent to the collection and processing of my personal data by BCSPA for the purposes stated above and can withdraw my consent at any time.

☐ I understand my rights under the Data Protection Act of Botswana.

Signature: _____ **Date:** _____

Place: _____