NON-INDIVIDUAL KYC FORM

TYPE OF ENTITY [TICK]:

COMPANY	☐	**BUSINESS**	☐	**SOCIETY/CLUB**	☐
TRUST	☐	**RELIGIOUS ORG**	☐	**PARTNERSHIP**	☐

Registered Name : .....

Registration Number: .....

Trading Name (If Different): .....

Physical Address: .....

Postal Address: .....

Nature of Business: .....

PERSON/S AUTHORISED TO ACT ON BEHALF OF ENTITY

TITLE	NAME/(S)	SURNAME	ID/PASSPORT	CELL NO.	EMAIL ADDRESS

DECLARATION OF ULTIMATE BENEFICIAL OWNER
For Companies;

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is/are the ultimate principal beneficial owner(s) of the Company through ownership in the intermediate or ultimate holding companies or control therof:

FULL NAME	ID/PASSPORT NO.	NATIONALITY	OWNERSHIP (%)

BANKING DETAILS

Bank Name: ..... A/C Number: .....

A/C Type: ..... A/C Name: .....

Branch Name: ..... Branch Code: .....

VERIFICATION DOCUMENTS TO BE PROVIDED:

1. **COMPANY**
   - Certificate of Incorporation and CIPA Extract
   - Identifications **- Certified** copies of IDs (Citizens) or Passports (non-Citizens) for authorized person/s and all Shareholders (Ultimate Beneficial Owners).
   - A resolution/letter to confirm the person/s authorized to act on behalf of the entity.
   - Any BURS document indicating TIN Number.

2. **BUSINESS**
    - Certificate of registration
    - Notice of Registered Office and Postal Address.
    - Identifications **- Certified** copies of IDs (Citizens) or Passports (non-Citizens) for authorized person/s and person/s managing the business.
    - A letter specifying who is authorized to act on behalf of the business.

3. **SOCIETY/CLUB**
    - Constitution
    - Registration certificate from Registrar of Societies.
    - Identifications **- Certified** copies of IDs (Citizens) or Passports (non-Citizens) for executive committee members and person/s authorized to act on behalf of the business.
    - A letter specifying who is authorized to act on behalf of the business.

4. **TRUST**
    - Trust deed
    - A letter of Authority.
    - Identifications **- Certified** copies of IDs (Citizens) or Passports (non-Citizens) for trustees, named beneficiaries and Trust Founder and/or Protector (if possible).

5. **RELIGIOUS ORGANISATION**
    - Registration certificate from Registrar of Societies.
    - A letter specifying who is authorized to act on behalf of the organization and confirmation of their Physical address.
    - Identifications **- Certified** copies of IDs (Citizens) or Passports (non-Citizens) for person/s authorized to act on behalf of the organization.

6. **PARTNERSHIPS**
    - Partnership agreement.
    - A resolution specifying who is authorized to act on behalf of the company and confirmation of their Physical address.
    - Identifications **- Certified** copies of IDs (Citizens) or Passports (non-Citizens) for natural person/s who are partners and the authorized person/s to act on behalf of the partnership.

DECLARATION BY THE INSURED

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

FULL NAME: ……..

SIGNATURE: ……..

DESIGNATION/POSITION: ……

DATE: ……

DATA CONSENT CLAUSE

DATA PROTECTION

In alignment with the Data Protection law, Kalahari Insurance Brokers (hereafter KIB), is the data controller of your personal data ("data"). The Data Subject ("you", "I") must read and sign the clauses below to consent for the collection and processing of your personal data.

DATA USE

I hereby declare that I am voluntarily providing my personal data to KIB to perform their due diligence exercise before a payment transaction or business relationship is established. I understand that my personal data will be used solely for this purpose, including the necessary steps to assess, process and administer my policy with KIB.

DATA SHARING

I acknowledge and consent that KIB may share my personal data with third parties involved in administrating my profile. These third parties include but not limited to insurance policy administration systems, record keeping service providers, banking institutions, Insurers and other relevant parties essential to the administration of my policy with KIB.

RETENTION OF DATA

KIB will keep your data for a period not less than 20 years in compliance with the Financial Intelligence Act 2022 and amended from time to time. When your data is no longer required it will be securely destroyed, but some data can be indefinitely archived for historical records.

DATA SUBJECT RIGHTS

You, the data subject, are entitled to specific rights regarding your personal data. KIB is dedicated to upholding these rights and ensuring that data subjects have control over how their personal data is managed.

- The right to request access to their personal data and receive information on how it is processed.
- The right to request corrections to any inaccuracies in your personal data.
- The right to request the deletion of personal data.
- The right to request limitations on how personal data is processed.
- The right to obtain and reuse your personal data across different services.
- The right to object to particular processing activities, including direct marketing.
- The right to not be subject to decisions based solely on automated processing, including profiling, if such decision carry legal or significant effects.

All requests from data subjects will be addressed promptly, in line with the timelines mandated by the Data Protection law. These rights are not absolute, and KIB may be entitled to refuse requests where there's reasonable and valid reasons to do so. The reasons will be communicated to you in writing.

To protect the data integrity and confidentiality, KIB is committed to data security. Personal data is safeguarded against unauthorised access, loss, or damage through various data protection measures.

DECLARATION

By signing below, I am declaring that I have read and understood the data protection statements above and grant KIB consent to collect and process mu personal data. I further declare that the above particulars are true and complete in every respect.

Name: _____

Signature: _____

Date: _____