SCHEME CODE ----------

THUTO SACCOS - CREDIT LIFE SCHEME

APPLICATION FOR A REFUND OF PREMIUM

Personal details

Surname: ----------

First Names: ----------

Date of Birth: ----------

Omang/Id No: ----------

Details of Loan

Loan Account Number: ----------

Original Amount of Loan: ----------

Original Term of Loan: ----------

Date Loan Granted: ----------

Date Loan Settled: ----------

Note: Please attach Member Bank statement

I declare that the details are true and correct and once the refund has been paid no further claims against the policy can be made.

Name of Bank official

Signature of Bank Official **Bank stamp**

Date: ----------

THIS IS AN FI ACT REQUIREMENT

Know Your Customer (KYC)

METROPOLITAN
Together we can

Form Last Completed (mm/yy)_____ Policy Number _____

FOR INDIVIDUALS

PERSONAL DETAILS

Title	Name(s)	Surname
Date of Birth	National ID / Passport No.	Nationality

ADDRESS & CONTACT DETAILS

Postal Address				
Place of Residence	Plot No.	Ward	Town/Village	Country
Duration of Stay	If less than 2 years, provide previous address details below:			
	Plot No.	Ward	Town/Village	Country
Telephone No.		Mobile No.		
Fax No.		Email		

For proof of address please submit any of the following valid documents (latest)

Utility Bill ☐ Affidavit ☐ Employer letter ☐ Lease Agreement ☐

Where did you hear about our KYC initiative? (Please tick the appropriate answer below)

Newspaper ☐ Telephone Call/SMS ☐ Radio Advert ☐ Social Media ☐

BANKING DETAILS

Bank Name	Branch
Account No.	Account Type
Source of Income - e.g. salary	

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

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

Natural Persons

- Identification document with 3 months validity e.g. certified ID/Passport, work & residence permit for foreign nationals
- Source of funds/proof of income in the form of payslip or bank statement
- Proof of residence: utility bill not older than 3 months, lease agreement, affidavit or letter from employer

DATA PROTECTION CLAUSE

Metropolitan may collect, use, store, transfer or otherwise process ("process") information relating to you and/or your directors, shareholders, agents and authorized representatives (as applicable)which is provided to Metropolitan by you under this agreement or otherwise acquired by Metropolitan ("Personal Information") for the purposes of administering the terms of this agreement, client onboarding, anti-money laundering, credit checking, complying with legal and regulatory obligations and marketing financial services and products by Metropolitan to you ("the Purpose").

You expressly consent to Metropolitan processing your Personal Information and to the transfer of such Personal Information to other members of the MMA Group or third-party service providers for storage or further processing on behalf of Metropolitan for the Purpose.

You authorize Metropolitan to disclose your personal information when required to do so to any governmental authority, regulator, law enforcement agency, court or tribunal, to any exchange and/or clearing house as required by any applicable laws and regulations; to any of our affiliates, service providers, brokers, dealers, custodians, agents, bankers, auditors and professional advisers; or in the public interests or where it is necessary for the purpose.

You acknowledge and agree that Metropolitan may retain such Personal Information in accordance with Metropolitan's data retention policies, after termination of this Agreement only so long as required and permitted.

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 liable for it.

Full Name		
Date	Place	Signature

Please submit the completed form and specified documents to your nearest Metropolitan office or Broker, alternatively it can be scanned and emailed to: kyc@metropolitan.co.bw

METROPOLITAN
Together we can

AFFIDAVIT

I …….

ID-Number……. Age ……..

	Current Address	Permanent Address
Plot		
Ward		
Town/Village		
Country		

Tel (cell)…….. (w) …… (h) ……

Declare under oath –

……
……
……
……

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place: …….. Date: ……

Time: …… Signature: ……

The statement was sworn to/affirmed before me:

At: ……on …… ……..day of …….

……..
Commissioner of Oaths (Signature)

……
Commissioner of Oaths (Name Print)

Stamp