

**AFFIDAVIT FOR THE CONFIRMATION OF PHYSICAL ADDRESS AND SOURCE OF FUNDS**

I, the undersigned

\_\_\_\_\_ of Identification No. \_\_\_\_\_ do hereby swear and make oath that;

1. I am an adult of full legal capacity;
2. My physical address and place of residence for purposes of any communications, notices, tracing and any legal obligations is as below;

Town/Village: \_\_\_\_\_

Kgotla/Ward: \_\_\_\_\_

Plot Number: \_\_\_\_\_

3. My marital status is;  
 Single  Married  Widowed  Divorced  Seperated

4. Highest qualification is;  
 Primary  Secondary  University  None

5. I hereby further declare that my source of funds comes from the following;

Occupation/Profession/Informal Profession: \_\_\_\_\_

Place of operation: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Annual income: \_\_\_\_\_

6. Are you permanently resident in Botswana? Yes /No
  - If Yes, proceed to next questions
  - If No, please provide the jurisdiction of permanent residency

\_\_\_\_\_

7. Are you resident for the purposes of any tax in Botswana? Yes /No
  - If Yes, please provide Botswana TIN (Tax Identification Number)

\_\_\_\_\_

\*NOTE: If your answer to question 5 is NO, then question 6 must be answered as YES. You must have at least one tax residency

8. Are you resident for the purposes of any tax outside of Botswana? Yes /No
  - If Yes, please provide the jurisdiction(s) and associated TIN(s)

○ Jurisdiction(s) \_\_\_\_\_

○ TIN(s) \_\_\_\_\_

9. I further warrant and declare that should this information change, I shall duly and promptly notify **First National Bank of Botswana Limited.**

10. I hereby acknowledge that the above information is required by **First National Bank of Botswana Limited** to comply with its *know your customer* and due diligence requirements in terms of the **Financial Intelligence Act** of Botswana.
11. As such, I hereby declare that the above information is true and correct in all respects and that such information is given by me freely and without coercion.
12. I understand the consequences of giving false or misleading information under Oath as stipulated under the provisions of the Commissioners of Oaths Act and under any penal laws of Botswana.

\_\_\_\_\_

Name:

**THUS SIGNED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ THE DEPONENT HAVING ACKNOWLEDGED THAT THE CONTENTS OF THIS AFFIDAVIT WERE FILLED BY THEM, ARE TRUE AND CORRECT AND THAT THEY UNDERSTAND THE CONSEQUENCES OF GIVING FALSE AND MISLEADING INFORMATION UNDER OATH**

\_\_\_\_\_

**COMMISSIONER OF OATHS**

**NAME:** \_\_\_\_\_

**OFFICE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_