



SAVINGS AND CREDIT COOPERATIVE SOCIETY

P O Box 2232, Jwaneng, Botswana
Tel: (+267) 5880931
Fax : (+267) 5883203
E-mail: jwanengsaccos@gmail.com
Website : www.jwanengsaccos.co.bw



WE ASPIRE TO BECOME THE LEADING COOPERATIVE BUSINESS IN THE SADC REGION

CUSTOMER DUE DILLIGENCE (CDD) FORM

SECURITY NO: _____

◆ SECTION 1: MEMBER IDENTIFICATION DETAILS

- Full Name: _____
- National ID / Passport No: _____
- Date of Birth: _____
- Gender: Male Female
- Nationality: _____
- Marital Status: _____

✦ Attach certified copy of ID/Passport

◆ SECTION 2: MEMBER CONTACT DETAILS

- Physical Primary Address 1: _____
- Physical Primary Address 2: _____
- Postal Address: _____
- Telephone Number: _____
- Email Address: _____

✦ Attach proof of residence (utility bill / lease agreement)

◆ SECTION 3: EMPLOYMENT & INCOME DETAILS

- Employment Status: Employed Self-employed Unemployed
- Employer Name: _____
- Position/Occupation: _____
- Monthly Income: _____
- Source of Income: _____

✦ Attach pay slip / employment confirmation letter / business registration

◆ **SECTION 4: ACCOUNT PURPOSE & NATURE**

- Purpose of Membership:
 Savings Loan Investment Other: _____
- Expected Account Activity:
 - Monthly Loan Deposits: _____
 - Monthly Savings deposits: _____

◆ **SECTION 5: POLITICALLY EXPOSED PERSON (PEP)**

Are you a Politically Exposed Person?

Yes No

If yes, specify:

- Position Held: _____
- Country: _____

✦ If YES → Enhanced Due Diligence (EDD) required

◆ **SECTION 6: BENEFICIAL OWNERSHIP (if applicable)**

- Acting on behalf of another person? Yes No
If yes:
 - Beneficial Owner Name: _____
 - Relationship: _____
 - ID Number: _____

✦ **Attach supporting documents**

FOR OFFICIAL USE ONLY

◆ SECTION 7: RISK ASSESSMENT & SCORING MODEL (OFFICER USE)

✓ Risk Scoring Criteria

Risk Factor	Low Risk (1)	Medium Risk (2)	High Risk (3)	Score
Customer Type	Salaried individual	Self-employed / SME	Unknown / complex structure	
Geography	Botswana	FATF Grey Listed country	High-risk / foreign jurisdiction	
Product/Service	Savings only	Savings + Loan	High value / unusual product use	
Transaction Pattern	Regular savings & loan instalments	Moderate activity	Unusual / inconsistent / high volume	
PEP Status	Not a PEP	Associate of PEP	Politically Exposed Person	
Income vs Activity	Activity consistent with income	Slight inconsistencies	Activity not aligned with income	
Third-Party Activity	No third-party involvement	Occasional third-party transaction	Frequent / unexplained third-party activity	

 **Total Risk Score:** _____

 **Risk Rating Scale**

- 5 – 7 → Low Risk
- 8 – 11 → Medium Risk
- 12 – 15 → High Risk

Final Risk Classification

- Low Risk
- Medium Risk
- High Risk

▲ Action Required

Risk Level	Action
Low	Standard CDD
Medium	Enhanced monitoring
High	Enhanced Due Diligence (EDD) + Management approval

 **Officer Comments**

Overall Risk Rating:

- Low Medium High

◆ SECTION 8: DOCUMENT VERIFICATION

Document	Verified	Comments
National ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Proof	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

✓ Verification Method:

- Original Seen Certified Copy Electronic Verification

◆ SECTION 9: SANCTIONS & WATCHLIST SCREENING

- Sanctions Check Conducted: Yes No
- Matches Found: Yes No

If YES, details: _____

◆ **SECTION 10: MEMBER DECLARATION**

I, the undersigned, hereby declare that the information provided in this Customer Due Diligence (CDD) form is true, accurate, and complete to the best of my knowledge.

I further confirm that:

The funds deposited or to be deposited into my account originate from **legitimate and lawful sources.**

- I am **not acting on behalf of any undisclosed third party**, unless formally declared in this form.
- I undertake to **promptly notify Jwaneng SACCOS** of any material changes to my personal, financial, or beneficial ownership information.
- I understand that providing **false, misleading, or incomplete information** may result in:
 - Rejection or termination of membership
 - Reporting to relevant regulatory and law enforcement authorities

I acknowledge and consent that Jwaneng SACCOS may:

- Conduct **identity verification, background checks, and ongoing monitoring** of my account and transactions
- Perform **sanctions screening and adverse media checks**
- Share information with competent authorities where required under applicable laws and regulations

I understand that the institution is obligated to comply with anti-money laundering and counter-terrorism financing laws and may file reports to the **Financial Intelligence Agency** without prior notice to me.

◇ **MEMBER CONFIRMATION**

- Full Name: _____
- Signature: _____
- Date: _____

FOR OFFICIAL USE ONLY

◆ **SECTION 11**

I confirm that:

- Customer identification and verification have been conducted in accordance with internal AML/CFT policies and applicable regulatory requirements.
- All required documents have been obtained, verified, and recorded.
- The customer risk assessment has been completed and appropriately classified.
- Name of Officer: _____
- Signature: _____
- Date: _____

Decision:

Approved Rejected Escalated

◆ **SECTION 12: ENHANCED DUE DILIGENCE (EDD) (IF HIGH RISK)**

- Source of Wealth Verified: Yes No
- Senior Management Approval: Yes No
- Additional Documents Obtained: _____

NB: Upon completion, this form may be submitted to the following email address:

ekyc@jwanengsaccos.co.bw

Kindly ensure that all required fields are completed and supporting documents are attached before submission.