

PERSONAL DATA CONSENT FORM

This consent form is provided in accordance with Part V, section 26 of the Botswana Data Protection Act 2024, which states the lawful and legal basis of processing of any personal data collected by Jwaneng SACCOS.

DATA CONTROLLER

Jwaneng SACCOS is the Data Controller responsible for collection and processing your personal information.

PURPOSE OF PROCESSING

Your personal information will be collected and processed for membership administration, loan and savings management, customer service, regulatory compliance, communication, risk management and other SACCO-related services.

PERSONAL INFORMATION COLLECTED

This may include identification details, contact information, employment information, financial information, beneficiary information and any other information required for the provision of services.

SHARING OF INFORMATION

Your information may be shared with regulators, auditors, credit reference agencies, service providers, insurers, debt recovery agencies and other parties where required by law or for legitimate business purposes.

RETENTION

Personal information will be retained only for as long as necessary to fulfil the purposes for which it was collected and to comply with legal and regulatory requirements.

WITHDRAWAL OF CONSENT

You may withdraw your consent at any time by contacting the Data Protection Officer. Withdrawal will not affect processing already carried out lawfully before the withdrawal.

DATA SUBJECT RIGHTS

You have the right to access your personal data, request correction of inaccurate data, request deletion where applicable, restrict processing, object to processing, request data portability where applicable and not be subject solely to automated decision-making.

CONTACT DETAILS

Nicholas Nyubi
Data Protection Officer (Intern)
Jwaneng SACCOS
Email: nnyubi@JWANENGSAACCOS.onmicrosoft.com

CONSENT DECLARATION

I confirm that I have read and understood the information contained in this Consent Form and the Jwaneng SACCOS Privacy Notice. I voluntarily consent to the collection, use, storage and processing of my personal information for the purposes described above.

Full Name: _____

Signature: _____

Security No: _____

Date: _____

Optional Consents

- ☐ Marketing Communications
- ☐ Credit reference checks
- ☐ Sharing information with debt recovery agencies where applicable

Management Board: Mr. Onkamile Robert (Chairperson); Mr. Bathabane Nkokone (Vice Chairperson); Ms. Tshepiso Lopang (Secretary); Mr. Edward Kwelagobe (Treasurer) Mr. Moalosi Rathari (member); Mr. Petrus Balathile (Member); Mr. Mmelesi Ramontsho (Member); Mr. Rasheed Modisane (Member); Mr. Tshephang Kefetoge (Member).

SERIAL NO:



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

SACCOS MEMBERSHIP FORM

SEC NO:

Date of Application:

Names:

Date of Birth:

Gender:

Identity Number:

Marital Status:

Occupation:

Home Address:

Kgotla:

Headman:

Email Address:

Contact No:

Tel No:

Account No:

Bank:

Branch:

Next of Kin:

1. Names: Contact No:

2. Names: Contact No:

Note: Next of Kin is not a Beneficiary(Minor)

Beneficiary:

Names	Relationship	%	Contacts
1.			
2.			
3.			
4.			
5.			

Signature of Applicant:

Recommended by:

Checked by Manager:

Approved ☐

Not Approved ☐

Signature of Chairman:.....

Signature of Vice Chair:.....

Signature of Secretary:.....

Comments:

.....

Stamp





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KNOW YOUR CUSTOMER: MEMBERS

APPLICANT PERSONAL DETAILS

Date of Application: _____ Place of Birth: _____
Names: _____ Gender: _____
Identity Number: _____ Title: _____
Nationality: _____

ADDRESS AND CONTACT DETAILS

Physical Address: _____	Mobile No: _____
Village/Town/City: _____	Telephone No: _____
Postal Address: _____	Fax No: _____
Country: _____	Occupation: _____
Email Address: _____	Employer: _____

BANKING DETAILS

Bank Name: _____	Account Number: _____
Branch Name: _____	Account Type: _____
Source of Funds: _____	

DECLARATION

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

Full Names: _____

Signature of Applicant: _____ Date: _____

For official use only

KYC checklist of documents collected from customer: (Please tick(✓) appropriate box)

a) Certified copied of Identification

° Valid National Identity Card for citizens

° Valid Passport (for foreign nationals)

b) Copy of proof of residence

° Written confirmation from customer's employer, educational establishment or prior bank clearly indicating residential address.

° Written confirmation from Company Secretary (or equivalent) indicating residential address Signatories/Shareholders/Director(s)

° Police Affidavit

° Current copy of utility bill in account applicant's names e.g electricity/water bill/council rates

° Current tenancy/lease agreement in the name of account applicant

° Current rent receipt in the name of account application

° A verifiable letter from the Tribal Administration

c) Copy of Proof of source of income

° Pay slip or contact letter from employer/confirmation letter

° Financial returns/receipts or audited accounts

° Pension letter or certificate

° Bank Statements



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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	☐ Yes ☐ No	
Proof of Address	☐ Yes ☐ No	
Income Proof	☐ Yes ☐ No	
Other	☐ Yes ☐ 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: _____

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◆ **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.

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SACCOS STOP ORDER FORM

SEC NO: Date of Application:

I
 of security number do authorise **Mmila Fund Administrators** to deduct
 the amount of Bwp in words(.....)
 from my salary every month from 19th 2025 until further notice.

SAVINGS PRODUCT	AMOUNT Per PRODUCT	MATURITY DATE
Ordinary Savings		
Mpeela Savings		
Bokamoso Savings		

I ALSO UNDERTAKE TO INFORM AND DISCUSS WITH THE SOCIETY SHOULD I DECIDE TO TERMINATE OR CHANGE MY STOP ORDER.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY**LOANS DEPARTMENT**Assisted By Sign:

Date:

Checked by sign:

Date:

MINIMUM SAVINGS IS **BWP 300.00 ONLY**. NO MEMBER SHOULD SAVE LESS THAN THAT AS AGREED AT THE GENERAL MEETING.