BLIC

Switchboard: +267 321 6290 Email: claims@blic.co.bw
Plot 145, Unit 6 Gaborone International finance Park
P O Box 447 AAD Poso House Gaborone

GROUP FUNERAL SCHEME CLAIM FORM (INDIVIDUALS)

SCHEME NAME

CLAIMANT IDENTITY DETAILS

Please fill in block letters using black or blue ink.

Policy Number :

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr ☐ Prof

Name(s):

Surname:

Date of Birth (DD/MM/YYYY): D D M M Y Y Y Y

ID / Passport No:

Nationality:

Postal Address:

Premium Amount (BWP):

SECTION A2: PROMINENT INFLUENTIAL PERSON (PIP) DECLARATION

In accordance with the Financial Intelligence Act, BLIC must identify if claimants are Prominent Influential Persons (PIPs).

Are you, or is any of your immediate family members or close associates, considered a Prominent Influential Person (PIP)? (e.g., Kgosi, Cabinet Minister, Senior Government Official, Senior Executive of a State-Owned Enterprise or Political Party).

☐ YES ☐ NO

(If YES, BLIC is required by law to apply Enhanced Due Diligence measures to this claim).

SECTION B: DECEASED'S DETAILS

Name of the Deceased:

Address at occurrence of event:

Date of Death: D D M M Y Y Y Y

Death Certificate Number:

In what capacity or by what title are you submitting this claim?

☐ Beneficiary ☐ Guardian ☐ Member

Relationship to member:

Name of the Funeral Parlour:

Cover Amount:

SECTION C: PAYMENT INSTRUCTIONS

Please indicate the bank, the account number and branch that you would like Babereki Life Insurance Company to use to make your payments.

Account holder names:

Bank Name:

Branch Name:

Account Number:

Comments:

SECTION D: REQUIRED DOCUMENTS TO ATTACH WITH THIS CLAIM

To comply with AML/CFT regulations, please attach the following CERTIFIED documents:

- Claim form, which will be completed at Babereki Life Insurance Company Head Office.
- Certified death certificate and certified birth certificate for minors claim.
- A certified copy of the claimant's identity (Omang) and proof of age is required before any benefit is paid.
- Marriage certificate for spouse's claim where applicable
- Police report for accidental death occurring before waiting period elapses, or for suicide that happens after suicide waiting period has elapsed.

•An affidavit where necessary.
•Completed Babereki Life Insurance Company KYC Form for claimant including proof of residency.
•Proof of Bank Account for claimant
•Confirmation of employment letter or Affidavit.
•Recent payslip (3 months)

SECTION E: DECLARATION AND STATUTORY CONSENT

I/We undersigned am/are hereby submitting a claim in respect of the above mentioned policy(ies) to BABEREKI LIFE INSURANCE COMPANY (PTY) LTD and agree that a medical statement from the last physician(s) who attended to or treated the insured and any such other papers/documents/reports called for at the sole discretion of BABEREKI LIFE INSURANCE COMPANY (PTY) LTD shall constitute the necessary evidence as to the conditions leading to the death/disability.

I/We further agree that the furnishing of this form, or any forms supplementary thereto by BABEREKI LIFE INSURANCE COMPANY (PTY) LTD shall not constitute nor be considered as an admission of the said claim.

I/We further authorize any past doctor/hospital/laboratory/relevant institution/past and present employer(s) and any insurance company to provide any information concerning the Life Assured's health, wellness and lifestyle habits to BABEREKI LIFE INSURANCE COMPANY (PTY) LTD.

STATUTORY CONSENT, DATA PRIVACY, AND SANCTIONS SCREENING:

Pursuant to the Botswana Data Protection Act 2024, I hereby explicitly consent to Babereki Life Insurance Company (BLIC) collecting and processing my personal data and medical reports for the purpose of assessing this claim.

Furthermore, I acknowledge that in compliance with the Financial Intelligence Act 2022, BLIC is legally mandated to screen my details against national and international sanctions lists prior to the disbursement of any funds. I also acknowledge that BLIC is required by law to retain these claims and Customer Due Diligence (CDD) records for the statutory AML/CFT retention period (up to 20 years), which supersedes general data deletion requests under the Data Protection Act.

Name of Claimant:

Signature: Date: D D M M Y Y Y Y

Submitted by (Intermediary):

Signature: Date: D D M M Y Y Y Y

FOR OFFICE USE ONLY

ACTION	NAME	SIGNATURE	DATE

The form can be emailed to **claims@blic.co.bw** or call 3321290 for further

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AFFIDAVIT TO CONFIRM PHYSICAL RESIDENTIAL ADDRESS

FORM

(INDIVIDUALS)

SECTION A IDENTITY DETAILS

Title Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐

Name(s)

Surname

Date of birth D D M M Y Y Y Y ID/Passport no.

Nationality

PROMINENT INFLUENTIAL PERSON (PIP) STATUS:

Are you a prominent influential person, or related to / affiliated with a prominent influential person?

☐ YES ☐ NO

(If YES, please ensure you complete the PIP Annexure on Page 3)

DO HEREBY MAKE OATH AND DECLARE AS FOLLOWS:

1.I am an adult residing in the Republic of Botswana and competent to depose to this affidavit.

2.My current physical residential address is:(Include plot number, street name, ward, and village/town/city)

PLOT NUMBER CITY/VILLAGE COUNTRY

3.I confirm that I have been residing at the above address since: _____ (Month / Year) and this is my primary place of residence.

4.My previous residential address was:

I resided there from D D M M Y Y Y Y to D D M M Y Y Y Y (Month/Year).

5.I am unable to provide standard proof of address (e.g., utility bill in my name, formal lease agreement) for the following reason:

SECTION B DATA PROTECTION & COMPLIANCE CONSENT

I make this affidavit for the purpose of confirming my physical address to satisfy Customer Due Diligence (CDD) requirements under the Financial Intelligence Act. I understand and consent to the following:

•Data Processing: My information will be processed by Babereki Life Insurance Company (BLIC) strictly for identification, verification, and AML/CFT compliance.

•Record Keeping: In compliance with statutory obligations, this document and associated data will be securely retained for a period of 20 years.

•Regulatory Disclosure: My information may be shared with the Non-Bank Financial Institutions Regulatory Authority (NBFIRA), the Financial Intelligence Agency (FIU), or other competent authorities if required by law.

I declare that the information provided herein is true and correct. I understand that providing false or misleading information is a criminal offense and may result in the termination of my business relationship and the filing of a Suspicious Activity Report (SAR).

DEPONENT (APPLICANT)

Signature:

Date: D D M M Y Y Y Y Y

Contact No:

SECTION C : SUPPORTING WITNESS DECLARATION (Mandatory)

To be completed by a Landlord, Employer, Kgosi, or an individual residing at the same address. The witness MUST provide a certified copy of their Omang and their own valid proof of address.

I, the undersigned, confirm that the Deponent resides at the physical address stated in Part A.
Full Name:

Omang Number:

Relationship to Applicant:

Contact Number:

Signature:

Date:

SECTION D : : COMMISSIONER OF OATHS CERTIFICATION

THUS SIGNED AND SWORN before me at _____ on this _____ day of _____ 20____, the Deponent having acknowledged that they understand the contents of this affidavit, have no objection to taking the prescribed oath, and consider the same binding on their conscience.
Full Name:

Designation:

Signature

Official Stamp:

SECTION E :INTERNAL USE ONLY (AML/CFT Control)

Client Risk Rating: [ ] Low [ ] Medium [ ] High / PIP/PEP (If High PIP/PEP, escalate for EDD)

Witness Docs Verified: [ ] Yes [ ] No

Approved By: Date:

The form can be emailed to **claims@blic.co.bw** or call 3321290 for further