

CLIENT PROFILE /KYC FORM

INDIVIDUAL, SOLE PROPRIETORSHIP, PARTNERSHIPS,
JOINT AND MINOR ACCOUNTS



DATE

UPDATE (ALL PRIOR PROFILES MUST BE RETAINED)

1A

CUSTOMER ID

NAME OF ACCOUNT

NAME OF PROPRIETOR/ PARTNER/ GUARDIAN/ PARENT*

*IF THE ACCOUNT BELONGS TO A MINOR, PLEASE PROVIDE INFORMATION ON THE PARENT / GUARDIAN

STATUS (PLEASE TICK)

RESIDENT

NON-RESIDENT

NATIONALITY

PROOF OF IDENTITY TO BE PROVIDED BY APPLICANT (PLEASE TICK)

- INT'L PASSPORT NATIONAL ID VOTER'S CARD RESIDENCE PERMIT (FOR FOREIGNERS)
 DRIVER'S LICENSE ANY OTHER ACCEPTABLE ID WITH PHOTO

ID NO.

PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT (PLEASE TICK)

- CURRENT TELEPHONE BILL CURRENT ELECTRICITY BILL CURRENT WATER BILL CERTIFICATE OF RESIDENCE
 VOTER'S ID SITE VISITATION REPORT TENANCY AGREEMENT OTHER LOCALLY ACCEPTABLE DOCUMENT

OCCUPATION (PLEASE TICK AS APPLICABLE)

- CIVIL SERVANT ARMED FORCES/ POLICE JUDICIARY ENTREPRENEUR
 FINANCIAL SERVICES SECTOR LEGISLATOR BUSINESSMAN/ TRADER PROFESSIONAL (LEGAL/MEDICAL/ACCOUNTANT)
 HOUSEWIFE/ HOMEMAKER STUDENT AGRICULTURIST CRAFTSMAN/ ARTISAN
 REAL ESTATE DEVELOPER RETIRED OFFICER (PLEASE SPECIFY) _____
 OTHERS (PLEASE SPECIFY) _____

EDUCATIONAL BACKGROUND

- PRIMARY / SECONDARY UNDERGRADUATE GRADUATE POSTGRADUATE

NAME OF NEXT OF KIN

CONTACT PHONE NO.

1B

BENEFICIAL OWNER'S NAME (IF DIFFERENT FROM APPLICANT)

PHOTO ID IN FILE?

YES (PLEASE STATE TYPE) _____

NO

NATIONALITY

ADDRESS

PHYSICAL ADDRESS

VILLAGE:

T/A

DISTRICT:

1C

THE APPLICANT IS A POLITICALLY EXPOSED PERSON (PEP) OR IS ASSOCIATED WITH A PEP

YES

NO

IF 'YES', BRIEFLY STATE NAME, POSITION AND RELATIONSHIP _____

THE APPLICANT RESIDES OR OPERATES IN A COUNTRY WHICH FEATURES ON THE LIST OF
NON CO-OPERATING COUNTRIES AND TERRITORIES

YES

NO

THE REVENUES/ FUNDING OF THE APPLICANT ARE DERIVED FROM A COUNTRY WHICH
FEATURES ON THE FATF LIST OF NON-COOPERATIVE COUNTRIES AND TERRITORIES

YES

NO

IF THE RESPONSE IS 'YES' PLEASE OBTAIN THE APPROVAL OF THE MANAGING DIRECTOR AND THE COMPLIANCE OFFICER

CLIENT PROFILE /KYC FORM CONT.

2 FOR BUSINESS OWNERS ONLY

2A DESCRIPTION OF PRINCIPAL ACTIVITIES AND COVERAGE AREA

2B AFFILIATES

NAME	LOCATION	DESCRIPTION OF BUSINESS

2C PRINCIPAL SUPPLIERS AND CUSTOMERS

NAME	LOCATION

3A ESTIMATED NETWORTH AS AT DATE (IN LOCAL CURRENCY OR USD)

3B ESTIMATED ANNUAL INCOME & SOURCE

FINANCIALS ATTACHED?

YES

NO

4 EXPECTED VOLUME OF TRANSACTIONS/ FREQUENCY & TYPE OF TRANSFERS

5 MODE OF INTRODUCTION (IF INTRODUCED BY CLIENT IN GOOD STANDING INDICATE NAME AND METHOD OF VERIFICATION)

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION AND THE INFORMATION CONTAINED IN THE ATTACHMENTS ARE CORRECT AND HAVE BEEN VERIFIED AS INDICATED AND THAT WHERE SUPPORTING DOCUMENTS HAVE BEEN PROVIDED, SUCH DOCUMENTS SUPPORT THE INFORMATION PROVIDED IN THE PROFILE. I ALSO CONFIRM THAT I AM COMFORTABLE THAT THIS CUSTOMER IS REPUTABLE, IS ENGAGED IN A LEGITIMATE BUSINESS AND DERIVES HIS/ITS INCOME FROM LEGITIMATE SOURCES IN KEEPING WITH THE STANDARDS OF NYASA CAPITAL FINANCE AND NYASA CAPITAL FINANCE'S KNOW YOUR CUSTOMER POLICY.

RELATIONSHIP MANAGER / CUSTOMER SERVICE OFFICER

DATE

SIGNATURE

I CONFIRM THAT I HAVE REVIEWED THIS CUSTOMER PROFILE AND ATTACHMENTS WITH THE RELATIONSHIP OFFICER AND I AM SATISFIED THAT ALL INFORMATION REQUIRED UNDER NYASA CAPITAL FINANCE 'KNOW YOUR CUSTOMER' POLICY HAVE BEEN OBTAINED AND CORROBORATED, THAT THIS PROFILE AND THE ACCOMPANYING DOCUMENTS REFLECT THE RELATIONSHIP MANAGER'S KNOWLEDGE OF THE CUSTOMER AND THAT THE CUSTOMER MEETS THE KYC STANDARDS OF THE MFI.

BRANCH ADMINISTRATOR / HEAD OF DEPARTMENT

DATE

SIGNATURE

CHIEF COMPLIANCE OFFICER*

DATE

SIGNATURE

MANAGING DIRECTOR*

DATE

SIGNATURE

*APPROVAL REQUIRED IF THE CUSTOMER REPLIES 'YES' TO 1C OVERLEAF.