



Appendix to Member Application Form on PEP

In keeping up with the Financial Intelligence Centre Act (Financial Act No. 46 of 2010) regarding countering effect of Anti Money Laundering and Terrorism Financing, which states that;

Section 8 states that:

“A regulated institution shall, in relation to politically exposed persons (PEP), in addition to performing normal due diligence measures:

- (a) Have appropriate risk management systems to determine whether the customer is a politically exposed person;*
- (b) Obtain senior management approval for establishing business relationships with such customers;*
- (c) Take reasonable measures to establish the source of wealth and source of funds; and*
- (d) Conduct enhanced ongoing monitoring of the business relationship.”*

We would appreciate your honest responses to the following due diligence process question in addressing identification of politically exposed persons;

1.a. Are you:

An individual who holds, or has held public office, and includes;

- (i) A Head of State or Government; Yes / No
- (ii) A Minister; Yes / No
- (iii) A Deputy Minister; Yes / No
- (iv) A politician; Yes / No
- (v) A political party official; Yes / No
- (vi) A judicial official or other senior official of a quasi-judicial body; Yes / No
- (vii) A military official; Yes / No
- (viii) If a military official, what ranking are you?
- (ix) A member of an administrative management or supervisory body of a State owned enterprise; Yes / No

(b) An individual who is, or has been, entrusted with a public function by a State, public body or a local or international organization; Yes / No



- (c) An immediate family member of a person referred to in paragraph (a), or Yes / No
- (d) A close associate of a person referred to in paragraph (a). Yes / No
- 2. Are you a Chief Executive Officer or hold a position equivalent to a Chief Executive Officer? Yes / No

DECLARATION:

All the information contained herein is true and correct. I also confirm that all responses given in the questionnaire are a true and correct reflection.

NAME :

DATE:

SIGNATURE :

Note: All questions in this form are compulsory and must be answered to in full and once completed must be returned to the officer you are engaged with on the matter. If you have any queries, contact us on 0211 254517 / 252265/ 250190 or email infor@bencon.co.zm; chansacm@bencon.co.zm