

Solutions for all your banking needs

For all all customer enquiries and complaints please call +267 361 5800 or email contactus.bw@sc.com
PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

1 Please tell us about yourself

Type of Arrangement Self Guardian/Parent
 Power of Attorney (PoA) Third Party Guarantor Reason for arrangement _____

If PoA/3rd Party/Guarantor mandate apply, collect their valid proof of identity document.

Do you have an existing relationship with Standard Chartered Bank? No Yes If Yes, A/C No. _____

Salutation Mr Mrs Dr Sir Miss Others _____

Full Name (As per Omang / Passport)

First Middle Surname

Date of Birth _____ y 1st Nationality (Country) _____ Gender Male Female

Resident Yes No Duration (yrs) _____ Residence Permit No. _____ Work Permit No. _____

Place of Birth _____

Country of Birth _____ Country of Residence _____

Omang No. _____ Expiry Date _____ Number of dependants _____

Passport No. _____ Expiry Date _____ Number of children _____

2nd Nationality (Country) _____ Passport No. _____ Expiry Date DD MM YYYY

3rd Nationality (Country) _____ Passport No. _____ Expiry Date DD MM YYYY

4th Nationality (Country) _____ Passport No. _____ Expiry Date DD MM YYYY

5th Nationality (Country) _____ Passport No. _____ Expiry Date DD MM YYYY

Marital Status Single Married Separated Divorced Widowed
 In community of property Out community of property

Education (Highest qualification) Primary school Secondary 'A' Levels 'O' Levels Diploma Holder Under graduate
 Graduate Post-graduate Professional Qualification Vocational Institute No formal education

FATCA

(This sub section must be completed by any individual who wishes to open a banking account)

Please check "✓" Yes or No for each of the following questions:

Are you a U.S. Resident? No Yes Are you a U.S. Citizen? No Yes Are you holding a U.S. Permanent Resident Card (Green Card)? No Yes

1A Contact Details

Mobile No. _____ Home No. _____

Office No. _____

Email _____

Postal Address _____ City/Town/Village _____

Country _____

1B Employment / Business Details

Nature of Employment Salaried Self Employed Retired Employment Terms Permanent Contract

Contract expiry date _____ Others _____

Name of Employer/Business _____

Occupation What you do for a living _____ Payroll/Employee number _____

Designation Job title _____

Have you held any of the below roles/job titles in the last 5 years Yes No

If yes please select applicable role(s) below:

(a) a President;	<input type="checkbox"/>	(f) a Speaker of the National Assembly;	<input type="checkbox"/>	(k) a Councilor;	<input type="checkbox"/>
(b) a Vice-President;	<input type="checkbox"/>	(g) a Deputy Speaker of the National Assembly;	<input type="checkbox"/>	(l) a senior executive of a private entity;	<input type="checkbox"/>
(c) a Cabinet Minister;	<input type="checkbox"/>	(h) a member of the National Assembly;	<input type="checkbox"/>	(m) a judicial officer;	<input type="checkbox"/>
(d) a Kgosi;	<input type="checkbox"/>	(i) a senior executive of a political party;	<input type="checkbox"/>	(n) a senior executive of a private body;	<input type="checkbox"/>
(e) a religious leader;	<input type="checkbox"/>	(j) a senior executive of a public body;	<input type="checkbox"/>	(o) a senior executive of an international organisation operating in Botswana;	<input type="checkbox"/>

Entity where position was held: _____ Date of Appointment: _____

Date position ceased to be held (where applicable): _____

Date Engaged/Employed _____ Mth _____ Yr Salary Receipt Date _____

Address of employer (for salaried employees) / Address of business (for self employed)

Postal Address _____ City/Town/Village _____

Country _____

1B Employment / Business Details (Continued)

Anticipated level and volume of activity

Deposits (including incoming transfer)		Withdrawals (including outgoing transfer)	
Anticipated No of Deposits per month =		Anticipated No of Withdrawals per month =	
Anticipated total value of transactions per month =		Anticipated total value of transactions per month	

For ALL clients (regardless of product): Source of Fund (SoF) and Source of Wealth (SoW)

Guidance: Please tick as applicable and provide the additional details

1. Client confirmed that Primary Source of Wealth and Funds to fund this account(s) would be from:

Income from Employment

Occupation / Designation: _____

Name of Employer: _____

Address of Employer: _____

Monthly Gross Income: _____

Income from own Business

Nature of Business: _____

Name of Business: _____

Address of Business: _____

Monthly Gross Income: _____

Investments

Securities/Bond/Shares

Property/Rental

Deposits

Savings (Only 1 option to be selected)

Retirement / Previous Employment: Previous Company Name: _____

Funded by Family Members (Applicable if you are homemaker, retiree, student):

Relationship: Parent Spouse Relative

Employed at: _____

Inheritance from:

Relationship: Parent Spouse Relative

Employed at: _____

Others: _____

Reason to open or maintain a Cross-border Relationship (residency ≠ country of account opening) AND nationality = country of account opening

1C Residential Details

Current Residential Address

Plot Number

Ward/Street

City/Town/Village

Country

Duration at Residence Yrs Mths

Type of Residence Owned Employer Provided
 Mortgage Living with Parents
 Rented Other _____

Rental Amount: _____

Previous Residential Address (if less than 3 years at current residence)

Plot Number

Ward/Street

City/Town/Village

Country

Duration at Residence Yrs Mths

Type of Residence Owned Employer Provided
 Mortgage Living with Parents
 Rented Other _____

Rental Amount: _____

1D Bank Details

Other Bank Account Details				
Bank	Branch	Acc. Type	Account No.	Months open

Other Existing Debts			
Institution	Loan Type	Balance/Limit	Installment Amount

Details of Other Cards			
Bank	Card No.	Limit	Member Since

1E Referee Details (for Lending Products)

Salutation
 Mr Mrs Dr Sir Miss Other _____

Full Name	First	Middle	Surname
Surname			
Nationality (Country)			
Relationship with applicant			
Years acquainted			
Telephone	2 6 7		2 6 7
Mobile	2 6 7		2 6 7
Home Postal Address			
Occupation		2 6 7	
Employer			
Work Postal Address			

Note: All information provided in section 1 above is deemed latest, and will be used to update all your accounts.

2 Which products would you like to apply for?

Do you currently hold an existing Salary account or transfer your salary to an account with Standard Chartered Bank Botswana? Yes No
 If yes, please note, you will be upgraded to the package selected below and receive only the products you do not currently hold.

Solutions <input type="checkbox"/> Diamond Salary Solution: Current Account with Personal Loan & Credit Card <input type="checkbox"/> Platinum Salary Solution: Current Account with Personal Loan <input type="checkbox"/> Gold Salary Solution: Current Account with Credit Card Note: Type of Current Account needs to be selected.	Current Accounts <input type="checkbox"/> <input type="checkbox"/> Ordinary <input type="checkbox"/> Easy Baking Ordinary Current Account Currency <input type="checkbox"/> BWP <input type="checkbox"/> GBP <input type="checkbox"/> ZAR	Lending Products <input type="checkbox"/> Personal Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Mortgage One <input type="checkbox"/> Auto Loan <input type="checkbox"/> Credit Card	Savings Accounts <input type="checkbox"/> Tema <input type="checkbox"/> Ordinary	Currency Options <input type="checkbox"/> BWP <input type="checkbox"/> USD Call <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> ZAR
---	--	--	---	--

Debit Card applied for Gold Platinum (Salary BWP15,000 and above) Infinite (By invite)

Cheque book

Please Note: All Current accounts and solutions come with Mobile and Online Banking. Once you have selected any of the above products, please make the relevant product selection in section 2A. Kindly note that you are free to apply for a stand-alone product if you so desire.

2A Digital Banking

You will automatically be subscribed to our Digital Banking Services, including e-Statements, online banking, electronic alerts and mobile banking upon account activation. However, you may opt out by selecting any or all of the below options:

OPT OUT: Mobile Banking e-Statement

e-Statements will be sent on a monthly basis. Should you not have a valid email address, you will automatically receive a paper statement on an annual basis.

Thank you for opting for e-statement and hence saving trees by avoiding paper statement.

2B Credit Card

Salutation Mr Mrs Dr Sir Miss Other _____

Card Type Platinum (Limit below P75k) Infinite (Limit P20k & above) Limit amount applied for _____

Credit Card Name

(as you would like it to appear on the card - max 19 characters)

Security Features

Mother's maiden name

Credit Life Insurance Yes Bank Policy Own Policy
 No

Billing Date 30th 5th 10th

Salary Date Range 18th - 22nd 23rd - 27th 28th - 2nd

Payment Due Date* 20th 25th 30th

*Note that the payment due date will be 20 days from the billing date and nearest to your salary payment date

Mandatory Standing Instruction

I would like to have my current account automatically debited each month for my monthly Credit Card Payment with:

Minimum Amount Due

_____ % of outstanding balance (must be between 10% & 100%)

2C Supplementary Credit Card

Salutation Mr Mrs Dr Sir Miss Other _____

Card Name

(as you would like it to appear on the card - max 19 characters)

Gender Male Female

Relationship with Primary Card Holder Spouse Parent Child Date of Birth

ID No./ Passport No. _____ Nationality Country _____

Residence Permit No. _____ Work Permit No. _____ Country of Birth _____

Supplementary Credit Card limit _____ % of card limit Country of Residence _____

Supplementary Cardholder resides at the same address? Yes No Mother's Maiden Name _____

Supplementary Credit Card Applicant Declaration

I, the Supplementary Credit Card applicant, agree to be jointly and severally liable for all transactions processed by the use of Card(s) applied for and issued by the Bank to the Primary Card applicant and / or myself, and to be bound by all the Terms and Conditions of the Bank's Credit Card Agreement which accompanies the Card(s). I also agree to pay the prevailing fee on renewal.

Signature

Date

2D Personal Loan / Auto Loan/ Mortgage loan/ Mortgage One Account (MoA) - (Please tick where applicable)

Scheme Non Scheme

Credit Life Insurance Bank Policy Own Policy

I want to apply for a

Standard Mortgage Loan

Personal Loan

Auto Loan

Loan Amount

New Loan Top Up
Loan Amount

Loan Amount

Loan Tenure Mths

Loan Tenure Mths

Loan Tenure Mths

Purpose of Loan

Equity Release Construction

Outright Purchase Top Up

New Loan Balance Transfer

Purpose of Loan

Actual Interest Rate

Actual Interest Rate

Actual Interest Rate

*If applying for Mortgage One Account (MoA) tick appropriate selections

Open new mortgage as MoA Loan

Convert Conventional Mortgage Loan to MoA Loan

Convert Conventional Current Account to MoA Current Account

Current Account to be converted

Convert MoA Loan to Conventional Mortgage Loan

Convert MoA Current Account to Current Account

*Please note Current Account to be converted should be a Non Overdraft Account

2E Used Vehicle Details

Vehicle Make _____ Type of Car _____
 Model _____ Purchase Price _____
 Date of Manufacture _____ Engine No. _____
 Year of 1st Reg _____ Chassis No. _____
 Registration No _____ Colour _____
 Motor Dealer _____ Valuation Amt (Used Cars) _____
 Address _____ Name of Valuer _____

3 Debts to be settled with loan

(not applicable to Personal Loan Top Up)

Institution	Loan Type	Account Number	Amount

4 Bill Payments

To pay your utility bills via ATM, complete below:

DSTV A/C No. _____Orange Cell No. _____BTC A/C No. _____Mascom Cell No. _____

Please enclose a copy of recent bill(s) for each utility

5 Co-Borrower Applicant Details (for Mortgage only)Relationship with primary applicant Spouse Parent Son Daughter Other _____Salutation Mr Mrs Dr Sir Miss Others _____

Full name

First _____ Middle _____ Surname _____

Nationality (Country) _____

Identity document Passport National ID

Date of birth _____

Passport/ National ID _____

Gender Male Female

Country of Residence _____

Source of funds _____

Signature _____

Date _____

5A Contact Details

Mobile No. _____

Home No. _____

Office No. _____

Email _____

Postal Address _____

City/Town/Village _____

Country _____

5B Employment / Business DetailsNature of Employment Salaried Self Employed Retired Employment Terms Permanent Contract
Others _____

Name of Employer/Business _____

Occupation What you do for a living _____ Payroll/Employee number _____Designation Job title _____

Date Engaged/Employed _____ Mth _____ Yr _____ Salary Receipt Date _____

Address of employer (for salaried employees) / Address of business (for self employed)

Postal Address _____ City/Town/Village _____

Country _____

5C Residential Details

Current Residential Address

Plot number

Ward/Street

City/Town/Village

Country

Duration at Residence Mth Yr

Type of Residence Owned Employer Provided
 Mortgage Living with Parents
 Rented Other _____

Rental Amount _____

Previous Residential Address (if less than 3 years at current residence)

Plot number

Ward/Street

City/Town/Village

Country

Duration at Residence Mth Yr

Type of Residence Owned Employer Provided
 Mortgage Living with Parents
 Rented Other _____

Rental Amount _____

5D Bank Details (for Lending Products)

Other Bank Account Details

Bank	Branch	Acc. Type	Account No.	Months open

Other Existing Debts

Institution	Loan Type	Balance/Limit	Installment Amount

Details of Other Cards

Bank	Card No.	Limit	Member Since

6 Declaration

- I hereby apply with Standard Chartered Bank Botswana for either an Auto Loan, Mortgage, Current Account, Savings Account, Personal Loan Credit Card, Other deposit products, Priority Cards or a Product Bundle (as per Section 2 of this application).
- I confirm that the information provided in this application form is true, accurate and complete.
- I accept that the Bank is entitled in its absolute discretion to accept or reject this application, wholly or in part, without assigning any reason whatsoever and that the application and all its supporting documents shall become part of the Bank's records and shall not be returned to me. If this happens, no contractual relationship arises between me and the Bank.
- I agree that the Bank will send all correspondence in electronic form using email or any other electronic media. However, the Bank reserves the right to send paper correspondence at my last known address as per the Bank's records. Unless I advise the bank to the contrary, the Bank is authorized, but not obliged, to act on my banking instructions transmitted through a telex/facsimile or email.
I as the applicant, releases the Bank from, indemnifies and holds the Bank harmless from and against all actions, suits, proceedings, costs, claims, demands, charges, expenses, losses and liabilities however arising, in consequence of in any way related to:
 - The bank having acted in good faith in accordance with the Applicant's written Facsimile, telex or email instruction notwithstanding that such instruction(s) may have been initiated or transmitted in error or fraudulently altered, misunderstood or distorted in the lines of communication or transmission
 - The bank having refrained from acting in accordance with any written telex, facsimile or email instruction by reason or failure of actual transmission thereof to the Bank or receipt by the Bank for whatever reason, whether connected with fault, failure or unreadiness of the sending or receiving machine
 - The Applicant's failure to forward all original copies of facsimile instruction(s) to the Bank within 24 hours.
- I am the ultimate beneficial owner of the account opened in relation to the minor; I do not hold the accounts or any funds in the account as a trustee, nominee, agent or other capacity. The minor has no right or interest in any funds in the account.
- I represent and warrant that all information (including any documents) I have given the Bank in connection with this application including minor accounts, if applicable, is correct, complete and not misleading. If this is not the case, I may be personally liable. I shall notify the Bank if I become aware that any information I have given changes, is incorrect or misleading.
- I represent and warrant that I have power and all necessary authorisations to own my assets and to carry on any business I conduct, to enter into each of our banking agreements and any other arrangement with the Bank and to comply with my obligations and exercise my rights under them.
- I confirm that the personal information given in this application form and that of my joint account holder (if any) or authorised persons (if any) will apply to the account(s) I hold with the Bank unless I expressly inform/instruct the Bank otherwise.
- I consent to each of Standard Chartered Bank PLC and its subsidiaries (Standard Chartered Investment Services (SCIS) for investment products) and affiliates (including each branch or representative office) ("Standard Chartered Group"), its officers, employees, agents and advisers disclosing information relating to me (including details of our banking agreement, the accounts, the products or any arrangement with the Bank) to the Bank's head office and any other member of the Standard Chartered Group in any jurisdiction ("permitted parties"); professional advisers, service providers (whether located in Botswana or outside Botswana) for the purposes of providing any service to me in connection with this application or an application for Investment Services (including data processing), or independent contractors to, or agents of, the permitted parties, such as debt collection agencies, data processing firms and correspondents who are under a duty of confidentiality to the permitted parties, any actual or potential participant or sub-participant in relation to any of the Bank's obligations under the banking agreement between us, or assignee, novatee or transferee (or any officer, employee, agent or adviser of any of them), any credit reference agency, rating agency, business alliance partner, insurer or insurance broker of, or direct or indirect provider of credit protection to, or any permitted parties; any court, tribunal or authority (including an authority investigating an offence) with jurisdiction over the permitted parties; a merchant or member of VISA International or MasterCard International or China Union Pay where the disclosure is in connection with the use of a card; any authorised person or any security provider; anyone the Bank considers necessary in order to provide me with the services in connection with an account.
- In applying for the Banks products and services, I confirm that I have received, read and understood or have been explained to (in the language I understand) the Bank's Client Terms, Current and Savings Account Terms, Personal Loan Terms, Mortgage Terms, Credit Card Terms, Auto Loan Terms and Investment Service Terms (ISTC) which forms our banking agreement. I have been advised that they are also available on the Bank's website at www.sc.com/bw or I can contact any of the Bank's branches in Botswana or call the Bank on +267 361 5800 for a physical copy. I agree to be bound by them when using any product the Bank may provide me with. I acknowledge that I am bound by any variation the Bank make to these documents, in accordance with our banking agreement. In particular, I understand that by entering into our banking agreement, I give indemnities, authorisations, consents and waivers and agree to limitations on the Bank's liability. I confirm I have understood the terms and conditions governing the opening, operation and closure of such accounts and services, including the charges arising as a result of their use, and agree to be bound by them. I understand that the ISTC shall apply to all transactions in relation to investment products (other than investment linked insurance products) that I enter into with or through the Bank and that the ISTC shall not apply to me if I do not enter into any investment products with or through the Bank.
- If I am applying for a bundled product, I agree and acknowledge that the Bank may vary or terminate the package offers or change the terms of the package by giving me notice.
- I acknowledge that I have the right to exit any of the individual constituent products in the Product Bundle. If I chose to do so, the Bank may at its discretion revoke the preferential pricing offered to me on the Product Bundle. In this scenario, the pricing/ fees on the remaining product(s) will revert to the prevailing market rate on the individual product(s). For Loan products, the Bank may chose to change the monthly repayment or loan tenor should the rate on my facility change.

13. If I am applying for a product which comprises of insurance plans, I understand that I have an option of using an Insurance Service Provider of my own choice or choosing one from the Bank's approved panel of Insurance Service Providers.
- Should I opt to use Bank arranged insurance I agree that such insurance will be underwritten by the Bank's Insurance Service Provider. The Bank's Insurance Service Provider is not the Bank's associate or subsidiary or related corporation. The Bank's Insurance Service Provider is solely responsible for all coverage and compensation thereunder. The Bank collects my information and sends it to the Bank's Insurance Service Provider for processing and review. Collection of information does not necessarily mean that my insurance application will be approved.
 - Should I opt to use an Insurance Service Provider of my choice the same shall be subject to the Bank's consent which shall not be unreasonably withheld. I also understand that if I opt for my own choice of Insurance Service Provider, I am required to arrange with the said company to assign the cover to Standard Chartered Bank Botswana Limited to the extent of the loan amount and total tenor applied for. The Bank reserves the right to verify the details of the assigned policy. I also understand that I must present such cover to the Bank prior to my loan being disbursed in the case of Personal Loans and Home Loans and for each subsequent year, a confirmation of cover by the 30th of March must be submitted, confirming that the mortgaged property is adequately insured, from an Insurance Provider recognized by the Bank and NBFIRA.
 - further acknowledge, understand and accept that I shall pay in advance my entire annual insurance premium for each subsequent year. I shall provide such proof of cover or advance payment to SCBB thirty (30) days before the anniversary of my insurance cover with such ISP;
 - In case I do not provide the proof of cover thirty (30) days before the anniversary of such insurance policy, I hereby voluntarily and irrevocably authorize SCBB to obtain insurance cover from BLIL through SCBIA and pay any premiums towards such insurance by debiting my Loan account.
14. I agree that the Bank has the right to set off the amount held in lien against which a cash secured facility(ies) has been granted to me by the Bank, in the event of default. I authorise the Bank to purchase such foreign currency with the monies standing to the credit of my account(s) as may be necessary, to effect the set off and settle any outstanding amount on the loan facility, where necessary to facilitate the offsetting of the facility in default. I agree that the lien will only be lifted upon full repayment of the facility(ies). I agree that I shall lay no claim whatsoever to the funds under lien until such time the facility is repaid in full.
15. I accept that for an Employee Banking account, the welcome pack will be accepted by the Bank's Representative on my behalf.
16. I consent to be contacted at the postal, residential and email addresses and telephone numbers that I have provided to the Bank, to be given information on other products and services the Bank, or its strategic partners may offer.
17. Subject to applicable local laws, I hereby consent for Standard Chartered PLC or any of its affiliates (collectively "the Bank") to share my information with domestic and overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.
18. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.
19. I undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.
20. I understand that interest on the Personal Loan, Mortgage and Auto loan will be applied based on the prevailing variable interest rate. The Bank may, with immediate notice to you, change its interest rates in line with any changes in the Prime Rate as set by Bank of Botswana. Notification shall be done in the form of notice in two newspapers of national circulation as well as notices in our branches. The effective date of the change will duly be communicated in the notice sent by us.
21. I acknowledge and agree that the use of the Credit Card(s) issued on my account shall be deemed an acceptance of the terms and conditions of the Bank's Credit Card Agreement (which may be amended from time to time) accompanying the card. Upon approval, I agree to pay the prevailing fees. I am also fully aware that this application constitutes an application for credit and will have to pay all amounts borrowed through the use of the Credit Card and that I have necessary means to repay these amounts within the prescribed period.
22. When requested, I authorize the Bank to issue Supplementary Card(s) for use on my account to the person(s) named, who I undertake, is/are over 18 years of age and agree that you may provide information to him/her about the account. In case the applicant is between 18 and 21 years of age, I hereby undertake that the use of such a card shall be under my supervision and control. I hereby agree to indemnify the bank against any loss, damage, liability or costs incurred by the bank on account of any breach by me or the supplementary card holder(s) of the aforesaid condition or any other terms and conditions contained in the Bank's Credit Card Agreement or by reason of any legal disability or incapacity of the Supplementary Card Holder. I also understand that the Supplementary Card fees shall be billed in my statement and it shall be my primary responsibility to honor all charges incurred on the Card. The continuation of the membership of the Supplementary Cardholder(s) shall be dependent on the continuation of my membership.
23. i) For Cards, I am aware that an insurance premium of 0.16% of the monthly card outstanding balance will be charged to my monthly statement. If my Card account is over-limit, I authorize the Bank to debit my current account with SCB for the excess amount my card has been over-limit such that my card outstanding falls below 95% of the limit issued to me. I agree and understand that this will remain in force until it is cancelled in writing by me and confirmation by the Bank.
- ii) I understand that Credit life Insurance (CL) on Credit Cards is not compulsory and I do not have to apply for it if I do not want to.
24. I acknowledge and agree that the Bank may at any time and from time to time without notice combine all or any of my accounts and liabilities with it in Botswana (or elsewhere), whether held singly or jointly with any other person or set off all or any monies standing to the credit of such account(s) including my deposits with the Bank (whether matured or not) towards satisfaction of any of my liabilities to the Bank in Botswana (or elsewhere), whether as principal or surety, actual or contingent, primary or collateral, single or jointly with any other person, and the Bank may affect any necessary currency conversions at the Bank's own rate of exchange then prevailing.
25. I understand and agree that in the event of payment instructions not being effected, such as loan deductions from payroll or through salary accounts, I am responsible for all loan repayments including interest and any other charges where applicable. In the case where my loan is under a scheme, if my employer fails to deduct the loan instalment from my payroll or otherwise fails to remit the deducted amount to the Bank in a timely manner, I authorize the bank to deduct the instalment from my personal account or otherwise provide sufficient funds to the Bank to clear the overdue amount or missed instalment. For Non-scheme loans, I understand that a missed instalment(s) will constitute an event of default and the Bank reserves the right to call up on the missed instalment(s) by debiting the applicants current account to service the loan provided the account shall not be placed on unauthorised overdraft.
26. I also understand that for non-scheme loans as well as scheme loans granted on condition of my salary being domiciled in an account with the Bank, changing my salary account away from the Bank without the Bank's consent in writing shall constitute an event of default and the Bank may also at its discretion revoke the preferential pricing offered to me on the Product Bundle.
27. I understand, agree and consent that the Bank shall be entitled to cede, assign, transfer or make over any of its rights and obligations in terms of this agreement to any entity appointed by the Bank without any requirement to get consent from myself or other prohibition. Any cession or assignment will not relieve the other party of any obligations with respect to any covenant, condition or obligation required to be performed by that party under this agreement which arose prior to any cession or assignment becoming effective.
- 28. Credit Card Fees**
I am aware of the following fees associated with my card application:
- A joining fee on opening the account
 - Interest on the outstanding balance at the annual percentage notified to the primary cardholder agreed from time to time.
 - Administration fee for each cash advance charged to the account.
 - An annual fee thereafter on the primary and supplementary card(s) issued.
 - Administration fee for each cheque received by the bank as payment which is subsequently dishonoured
- 29. Lounge Key Fees**
- A standard fee per lounge visit will be debited to my account held with the bank. The above fee will be in the amount notified to me upon my visit. I agree to inform the Bank should my employment status change and I further confirm that I shall NOT change my salary domiciliation or stop sending my repayment to the Bank until I have paid off the loan in full and returned the plastic card to the Bank. Salary domiciliation refers to a client who is salaried employee and his/her salary is credited to an account with the Bank. Changes to this arrangement will amount to breach of contract. required to withdraw all the funds and close the account.
- 30. Embedded Insurance Covers (Credit Card only)**
- I understand that my Credit Card offers me a complimentary Travel Insurance and Lost Card cover.
 - I also understand that the Travel Insurance and Lost Card cover are offered through the SCBIA and are underwritten by BIC which has its registered office at Plot 50372, Fairgrounds Business Park, and P O box 715, Gaborone, Botswana. Contact number is +267 3600500
 - The Lost Card cover provides cover in the event of unauthorized transactions on stolen or lost cards up to a maximum of P125, 000 per any event.
 - Any fraudulent or unauthorized charges should be reported within 30 days of receipt of bank statement.
 - The Travel Insurance provides cover to the cardholder in the event of defined travel related incidences such as emergency medical related expenses and assistance, personal accident (accidental death and/or Permanent Total Disability), cancellation and curtailment, theft or loss of baggage, loss of money, credit cards and travellers cheques, fraud and baggage delays, travel delays and missed connections.
 - In the event of an accidental medical related emergency the cover will be paid up to a maximum of P300, 000 per any event.
 - Injury leading to accidental death or accidental Total and Temporary Disability ("TTD") and entirely prevents insured from following their usual occupation or any other occupation for 12 consecutive months or being permanently bedridden as a direct result therefore the following will be paid
 - Accidental death - P150,000
 - Accidental total permanent disablement - P150,000
 - The benefits under the Travel policy will be available for the first 90 (ninety) days of the cardholder's journey or until the cardholder reaches the final destination set out on his/her travel ticket, whichever occurs first payments are per cardholder, whether clients travel or not.
 - In an event of Internal Journey cancellation, cancellation cover or refund penalties incurred and cost of getting home if insured has to cancel their trip or cut it short for specified reasons the following benefit will be paid.
 - Travel delay: P1,000 Excess 4 hours
 - Flight cancellation: P1,000 limit, Excess P250
 - Luggage delay: P2,000 limit Excess P200 (single item limit 25% of the sum Insured)
- 31. Bureau**
I understand, agree and consent that the Bank shall be entitled to list and enquire my profile with any credit bureau regardless of its location in terms of this agreement.
- 32. Scheme Savings**
I understand that no debit card will be issued nor debits permitted for the first 12 months of account opening. Only credits into the account will be permitted. If I wish to withdraw funds from a Scheme Savings account before the 12 months lapse, I will be required to withdraw all the funds and close the account.
33. It is not permitted to route funds generated from business transactions undertaken by you, through Individual Banking Accounts.

7 Disclosure Policy

The customer hereby consents to the disclosure by the Bank and / or any of its officers or employees for any purpose of any information the Customer including without limitation, information relating to its business, its accounts held with the Bank or another Group Member with the Bank or another Group Member to any of the following:

1. Any office or branch of the Bank or another Group Member
2. Any agent, contractor or third party service provider or any professional adviser of the Bank or another Group Member
3. Any guarantor, or third party service provider of the Customer
4. Subject to applicable local laws, You hereby consent for Standard Chartered Bank or any of its affiliates (including branches) to share your information with domestic or overseas regulators or tax authorities where necessary to establish your tax liability in any jurisdiction.
5. Where required by domestic or overseas regulators or tax authorities, you consent and agree that Standard Chartered Bank Botswana may withhold, and pay out, from Your account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.
6. Any actual or potential participant or sub-participant in, or assignee, novatee or transferee of any of the Bank's rights and / or obligations in relation to customer
7. Any person to whom the bank is required or authorized by law or court order to make such disclosure
8. Any person who is under a duty of confidentiality to the Bank.
9. Any Bank or financial institution with which the customer has or proposes to have dealings

I have read and understood the Declaration and Disclosure policy above.

I have read, understood and agree to be bound by the product(s) Terms and Conditions. I understand that by signing this form, I am only consenting to the Client General Terms and Conditions and the specific Terms and Conditions for the product(s) I have applied for. I also confirm:

I have referenced the product(s) Terms and Conditions on the Bank's website available at www.sc.com/bw/
OR

I have been given a copy of the product(s) Terms and Conditions

For lending products

Spouse's Signature
(If married in community of property)

Co-borrower Signature

Signature of Applicant (in the presence of a Bank Official)

Date _____

Date _____

8 Specimen Passport photo

Main Applicant

Co-borrower/Supplementary applicant

9 Bank Use

For Current Account, Savings Account & Call Account

Sourcing ID

Referrer ID

Completed By: _____ Signature _____ Date: DD MM YYYY

Approved By: _____ Signature _____ Date: DD MM YYYY

Second Approver: _____ Signature _____ Date: DD MM YYYY

Senior Management approval: _____ Signature _____ Date: DD MM YYYY

- | | | |
|-----------------------|--|---|
| Identity Verification | <input type="checkbox"/> Omang | <input type="checkbox"/> Passport (Non Citizens) |
| Address verification | <input type="checkbox"/> Recent Utility Bill | <input type="checkbox"/> Reference from foreign banks |
| | <input type="checkbox"/> Employer's Reference Letter | <input type="checkbox"/> Credit Reference Agency Search |
| | <input type="checkbox"/> SCB Customer Reference Letter | <input type="checkbox"/> Recent Council Rates |
| | <input type="checkbox"/> Affidavit from the Police | <input type="checkbox"/> Customary Authority Reference Letter |

Purpose and Reason for opening the account:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Salary processing | <input type="checkbox"/> Savings | <input type="checkbox"/> Commission | <input type="checkbox"/> Charity/Donation |
| <input type="checkbox"/> Existing SCB Account | <input type="checkbox"/> Inheritance/Gift | <input type="checkbox"/> Own Business | <input type="checkbox"/> Others |
| <input type="checkbox"/> Sales Proceeds | <input type="checkbox"/> Service rendered | <input type="checkbox"/> Return on Investment | |

NB: This requirement applies to New and Additional account opened in any currency.

Remarks

Account Number		Master Number		Subsidiary Accounts	
Account Number		Segment Code		Consolidated Statement Flag	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Number		Customer Segment Code		Account Classification Code	
Relationship Number		Utility Country Code		GL Department ID	
Service Indicator Code		ISIC Code		Subsidiary - Others	
Relationship - KYC		Residency Classification		Memo	
Risk Code		Subsidiary Interest		Subsidiary Tax	
Branch Code		Credit Interest Product Code		Tax Category	
ARM Code		Debit Interest Product Code		Interest Code	
Info Code		Employer Code		Scheme Savings Deduction	
Basa Rate		All in Rate		Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Rate		Penalty Fee		Card Type	
Professional code		Employment Sector		Non Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No

Static Data Input By: _____

Validated By: _____

For Personal Loans, Credit Cards, Mortgages and Auto Loan

Sales Person's Name _____ Code _____ Signature _____ Date DD MM YYYY
 Team Leader Name _____ Code _____ Signature _____ Date DD MM YYYY
 Recommended by _____ Code _____ Signature _____ Date DD MM YYYY
 Product Code _____ Employer Code _____ Introductory Source Code _____
 Debt Ratio _____ Employment sector _____

Checklist for Loan Processing Centre

- Approved Declined Defer
- Debt Ratio Approval Level
- Interest Rate 3 months' bank statement (Checked against payslip)

Loan Processing Officer 1 _____ Credit Approver 1 _____
 Loan Processing Officer 2 _____ Credit Approver 2 _____
 Country Credit Head (If level 3 is required) _____ Credit Operations Manager _____
 Signature of Country Credit Head _____ Signature of Credit Operations Manager _____

Credit Approver's Comments