Bridging Finance Solutions

CLIENT IDENTIFICATION AND VERIFICATION OF NATURAL PERSON

This form must be completed by individuals who enter into a relationship with BRIDGING FINANCE SOLUTIONS

Client Personal Details

Full name(s) and surname:						
Title:	Mr	Mrs	Miss	Dr	Prof	Other (specify)
Gender:	Male				Female	
Marital status:	Single	Married Icop	Married anc	Widowed	Divorced	
Are you a namibian citizen? If no, specify nationality						
Identity/passport number or date of birth:						
Do you hold a namibian Permanent residence permit?	Yes/No	Permit No.	Issued			
Residential address						
Postal address						
Contact numbers	Cell	Home	Work			
E-mail address						
Occupation and employer						
Work address						
Transaction type	Sell	Let	Buy	Rent		
How will transaction be financed?						
Source(s) of income/wealth						
Employment fax:						
Foreign address (if foreign national):						
Banking details	Bank			Branch Code		
	Account Name			Account Type		
	Account Number			SWIFT Code		
Do you now occupy, or have	National Executive	Legislator	Snr Member of Political Party	Diplomat		
You occupied, any of the following Positions in or outside of namibia? Pip identification (schedule 6) Please specify position in space provided	Governor	High Ranking Military Officer	High Ranking Police Officer	Snr Judicial Officer		
	Snr Traditional Leader	SOE/Municipal Executive	Religious Leader	Other		
Are you a family member or a Close associate of one of the categories of people mentioned above?	Full Name(s) and Surname Position Relationship					

If you are unable to produce an official identity document, the reason for being unable to do so shall be noted and dated below by an employee on behalf of Bridging Finance Solutions. If proof of residential address is sent electronically, a copy of the related e-mail/WhatsApp together with attachment(s), if any, shall be forwarded to our offices so that we may printout and place same on our records.

SIGNED at WINDHOEK, Namibia on this _____ day of _____ 2026.

_____ _____

CLIENT NAME AND SURNAME

_____ _____

For and on behalf of
Bridging Finance Solutions NAME AND SURNAME

Bridging Finance Solutions

+264 81 288 8086
+264 81 582 2886

Start Your Advance
www.bfsolutions.com.na

For office use only

Transaction Description	Transaction Date	Transaction Amount (NAD)	Sanction Screening			Risk Rating		
			Cleared	Flagged	Rejected	L	M	H
Property Practitioner Involved	Date Submitted	FIC Compliance Officer	FIC Reporting Required			Principal Approval		
			Yes		No	Approve		Reject

Notes / list of outstanding requirements

Attached documentary proof

Attached documentary proof	Tick
Verified Identity Document or Passport or Birth Certificate	
Marriage Certificate and/or ANC	
Proof of Residential Address (<3 months old: utility bill/rental agreement)	
Proof of Source of Funds (bank statements last 6 months)	
Power of Attorney (if applicable)	

Note: Certifications must be dated within 3 months of submission.

Based on: REGULATION 6, FINANCIAL INTELLIGENCE REGULATIONS, 2015 (GOVERNMENT NOTICE 3 OF 2015)