

FOR INDIVIDUALS:

- Fully completed First Mutual Health KYC form
- Certified copy of a valid identification document (Omang for citizens and passport for non-citizens)
- Proof of residential address (utility bill, lease agreement, title deed, affidavit)
- Source of income (including a payslip, employment confirmation letter, or an affidavit confirming the source of income)
- Proof of banking details (bank account confirmation letter or bank statement)
- A duly completed First Mutual Health KYC form

FOR NON-INDIVIDUALS

- Incorporation documents (e.g. Certificate of Incorporation, Certificate of Registration, Deed of Trust, company extract, share certificates)
- Proof of the entity's address (utility bill, lease agreement, title deed, affidavit)
- Resolution authorising a person to act on behalf of the entity
- Certified Identification document of the authorised signatory (Omang for citizens / passport for non-citizens)
- Proof of the entity's bank account
- Proof of income tax registration and/or VAT registration/ tax clearance
- Shareholding and/or directorship certificates
- Certified Identification documents of all shareholders and directors (Omang for citizens / passport for non-citizens)
- Fully completed First Mutual Health KYC form

FURTHER DOCUMENTS REQUIRED FOR SUPPLIER'S/ SERVICE PROVIDERS E.G DOCTORS

- **LICENSE TO OPERATE**
- **CERTIFIED COPIES OF PROFESSIONAL CERTIFICATES. (UNDERGRADUATE/POST GRADUATE) & CME**
 - Resolution authorising a person to act on behalf of the entity
 - Certified copy of Registration Certificate from Ministry of Health/BHPC/Botswana Medical Council
 - Certified copy of Current registration card from Botswana Health
 - Professional council (BHPC) (Blue card)/ Letter of permission to set up a private practice and a Private Practice Licence from Ministry of Health
 - Certified copy of proof of work permit and residence, where the applicant is not a Botswana citizen.
 - CV/Resume
 - Offer letter of employment if not owner of company
 - Bank confirmation letter (within 3 months)
 - Your application letter must be on a company letterhead which states the following: Physical address, Postal address, Telephone (landline and cellphone) and fax numbers and Email address
 - In addition to the above, please avail the following for Pharmacy & Radiography registration
 - BOMRA Approval Licence
 - BOMRA Inspection Report
 - BOMRA Pharmaceutical Premises License
- **RADIOGRAPHY**
- Radiologist Contract
- Professional Certificates
- Blue Card
- License to possess and use ionizing radiation generators
- Machinery maintenance schedule
- Full list of radiographic equipment including proof of purchase as well as serial number

All documents must not be older than 3 months except certificates