SECTION A : PARTICULARS OF THE APPLICANT

PLOT 54379 CBD
PRIVATE BAG 0013
GABORONE
BOTSWANA
Toll Free 17649

TEL: 3638000/3639000  FAX: 3639999/3953101

PLEASE: PRINT YOUR PARTICULARS IN BLOCK LETTER OR TICK THE APPROPRIATE BOX. DO NOT LEAVE ANY COLUMN BLANK. IF THE INFORMATION ASKED IS NOT APPLICABLE PLEASE STATE "NOT APPLICABLE"

☐ Registration as a taxpayer  ☐ Re-registration for other tax types  ☐ Branch Registration

TIN: ________________________________

SECTION A : PARTICULARS OF THE APPLICANT

1. Registered Name: ________________________________

2. Trade Name: ________________________________

2. Company-Incorporation/Registration No. ________________________________

3. Indicate what type of tax (es) you are registering for. (Tick the appropriate box)

☐ Income Tax  ☐ PAYE  ☐ VAT  ☐ Capital Transfer

☐ Other Withholding taxes (construction, rental, management & consultancy fees etc)

4. Select the taxpayer you are registering for. (Tick the appropriate box)

A ☐ Company  B ☐ Trust

Company: ☐ Public  ☐ Private  ☐ Company limited by guarantee  ☐ IFSC  ☐ CIU  ☐ Specified Corporation  ☐ Specified CIU

Trust type: ☐ Private  ☐ Minor  ☐ Legally disables persons  ☐ Settlement & Wills  ☐ Revocable Trusts

☐ Public: ☐ Education  ☐ Religious  ☐ Sporting Club  ☐ Social Amenities  ☐ Charitable  ☐ Others

C. ☐ Body of persons: ☐ Government body  ☐ Parastatal

D. ☐ Fund  E. ☐ Partnership/Joint venture  F. ☐ Estate of deceased

5. Country of Registration: ________________________________

6. Residential Status: ☐ Resident  ☐ Non- Resident
Continued

7. Postal Address for service of notice
   a. Botswana Postal Address
      P O Box
      Private Bag
      Postnet Name
      City/Town/Village

   b. Botswana Postal Services Location
      House No
      Apartment No
      Street Name
      Location/Ward
      City/Town/Village

   c. Physical Address
      Plot No
      Location/Ward
      City/Town/Village
      Country

8. Contact numbers
   a. Home
   b. Cellphone
   c. Fax
   d. Office

9. Email Address

SECTION C : BUSINESS INFORMATION

10. State the number of branches covered by this application, if any

11. Business activity (Describe services or products provided)

12. Date of commencement of business

13. Accounting year/ Financial year

14. Are you an Employer
   Yes  No

15. Date of becoming Employer

VAT DETAILS (To be completed when registering for VAT only)

16. Taxable turnover/ Annual

17. Date taxable turnover was realized

18. Liable date

19. Exempt turnover

20. Estimated value of imports

21. Indicate whether you are
   Importer  Exporter  VAT Exporter
### SECTION C: PARTICULARS OF TWO OFFICIALS OR DIRECTORS/RELATED PERSONS

Furnish particulars of two major Directors/Partners/Members/Officials in the space below

#### OFFICIAL 1

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#### Postal Address

- **a. Botswana Postal Address**
  - P O Box
  - Private Bag
  - Postnet Name
  - City/Town/Village

- **b. Botswana Postal Services Location**
  - House No
  - Apartment No
  - Street Name
  - Location/Ward
  - City/Town/Village

- **c. Physical Address**
  - Plot No
  - Location/Ward
  - City/Town/Village

#### Contact numbers

- **a. Home**
- **b. Cellphone**
- **c. Fax**
- **d. Office**

#### OFFICIAL 2

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- **c. Physical Address**
  - Plot No
  - Location/Ward
  - City/Town/Village

#### Contact numbers

- **a. Home**
- **b. Cellphone**
- **c. Fax**
- **d. Office**

#### OFFICIAL 3

<table>
<thead>
<tr>
<th>41. Status</th>
<th>42. Surname</th>
<th>43. First Name</th>
<th>44. Omang</th>
<th>45. Passport No. (For Non Citizens)</th>
<th>46. Work Permit No</th>
<th>47. Country of Citizenship</th>
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- **c. Physical Address**
  - Plot No
  - Location/Ward
  - City/Town/Village

#### Contact numbers

- **a. Home**
- **b. Cellphone**
- **c. Fax**
- **d. Office**

#### OFFICIAL 4

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- **b. Botswana Postal Services Location**
  - House No
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  - Street Name
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- **c. Physical Address**
  - Plot No
  - Location/Ward
  - City/Town/Village

#### Contact numbers

- **a. Home**
- **b. Cellphone**
- **c. Fax**
- **d. Office**
### 39. Postal Address

**a. Botswana Postal Address**
- Private Bag
- Postnet Name
- City/Town/Village

**b. Botswana Postal Services Location**
- House No
- Street Name
- Location/Ward
- City/Town/Village

**c. Physical Address**
- Plot No
- Location/Ward
- City/Town/Village

### 40. Contact numbers

**a. Home**

**b. Cellphone**

**c. Fax**

**d. Office**

### 43. Email Address

**SECTION D: PARTICULARS OF REPRESENTATIVE**

Please give the details of the Public Officer/Precedent Partner/Trustee/Executor/ Executive Officer and or Administrator:

**44. Status:** (Tick the appropriate box)

- Public Officer
- Precedent
- Trustee
- Executor
- Partner
- Administrator

**45. Surname**

**46. First Name**

**47. Country of citizenship**

**48. TIN/Omang/Residence Permit**

**49. Work Permit No**

**50. Postal Address for service of notice**

**a. Botswana Postal Address**
- P O Box
- Private Bag
- Postnet Name
- City/Town/Village

**b. Botswana Postal Services Location**
- House No
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**c. Physical Address**
- Plot No
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### Continued

**c. Physical Address**

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<td>Location/Ward</td>
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**51. Contact numbers**

<table>
<thead>
<tr>
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<tr>
<td>c. Fax</td>
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</table>

**d. Office**

**52. Email Address**

**SECTION E: PARTICULARS OF YOUR TAX AGENT**

**53. Do you have tax agent?**  
- [ ] Yes  
- [ ] No

**54. Name**

**55.**

- [ ] Omang  
- [ ] Resident Permit No

**56. Country of citizenship**

**57. Incorporation No/Registration No**

**58. TIN/Omang/Residence Permit No**

**59. Postal Address for service of notice**

<table>
<thead>
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**b. Botswana Postal Services Location**

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**60. Contact numbers**

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</table>

| b. Cellphone |  |
| d. Office    |  |

**61. Email Address**
SECTION F: DETAILS OF THE BANK ACCOUNT

62. a. Name of Bank
   
   b. Branch
   
   c. Account No
   
   d. Account Type (please tick the appropriate box)
      - Cheque/Current
      - Savings
      - Credit
      - Deposit
      - Call
      - Transmission
      - Corporate
      - Overdraft
      - Internal

Name of Account Holder

Confirmation by the bank (to be completed by an authorised officer of the bank)

Name

Designation

Signature

Office Stamp

SECTION F: ATTACHMENTS

63. a. Copy of certificate of incorporation/Registration

b. Partnership deed/Trust deed/Constitution

c. Copy of omang/Passport for Public officer and two major directors/officials

d. Voluntary letter of VAT if Turnover is between P500,000 and P1,000,000.00

e. Proof of turnover for VAT

f. List of Assets

g. Letter of authority for representative

h. Letter of authority for branch registration

SECTION H: DECLARATION OF TRUTH

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Taxpayer or Representative

Capacity

Signature

Date

Preferred mode of Communication

- Post
- E-mail

Cellphone No of the Super user