

Document No

BURS 1 (REVISED 2018)

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 APPROPRAITE 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	<input type="text"/>
Private Bag	<input type="text"/>
Postnet Name	<input type="text"/>
City/Town/Village	<input type="text"/>

b. Botswana Postal Services Location

House No	<input type="text"/>	Apartment No	<input type="text"/>
Street Name	<input type="text"/>		
Location/Ward	<input type="text"/>		
City/Town/Village	<input type="text"/>		

c. Physical Address

Plot No	<input type="text"/>
Location/Ward	<input type="text"/>
City/Town/Village	<input type="text"/>
Country	<input type="text"/>

8. Contact numbers

a. Home	<input type="text"/>	b. Cellphone	<input type="text"/>
c. Fax	<input type="text"/>	d. Office	<input type="text"/>

9. Email Address

<input type="text"/>
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**SECTION C : BUSINESS INFORMATION**

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

11. Business activity (Describe services or products provided)

<input type="text"/>
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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**

22. Status  Director  Partner  Member  Official

23. Surname

24. First Name

25.  Omang  Resident Permit No

26. Passport No. (For Non Citizens)

27. Work Permit No

28. Country of Citizenship

29. 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

30. Contact numbers

a. Home  b. Cellphone

c. Fax  d. Office

31. Email Address

**OFFICIAL 2**

32. Status  Director  Partner  Member  Official

33. Surname

34. First Name

35.  Omang  Resident Permit No

36. Passport No. (For Non Citizens)

37. Work Permit No

38. Country of Citizenship

**Continued**

39. Postal Address

a. Botswana Postal Address

P O Box	<input type="text"/>
Private Bag	<input type="text"/>
Postnet Name	<input type="text"/>
City/Town/Village	<input type="text"/>

b. Botswana Postal Services Location

House No	<input type="text"/>	Apartment No	<input type="text"/>
Street Name	<input type="text"/>		
Location/Ward	<input type="text"/>		
City/Town/Village	<input type="text"/>		

c. Physical Address

Plot No	<input type="text"/>
Location/Ward	<input type="text"/>
City/Town/Village	<input type="text"/>

40. Contact numbers

a. Home	<input type="text"/>	b. Cellphone	<input type="text"/>
c. Fax	<input type="text"/>	d. Office	<input type="text"/>

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)

<input type="checkbox"/> Public Officer	<input type="checkbox"/> Precedent	<input type="checkbox"/> Partner
<input type="checkbox"/> Trustee	<input type="checkbox"/> Executor	<input type="checkbox"/> Administrator

45. Surname

46. First Name

47. Country of citizens

48. TIN/Omang/Residence Permit

49. Work Permit No\*

50. Postal Address for service of notice

a. Botswana Postal Address

P O Box	<input type="text"/>
Private Bag	<input type="text"/>
Postnet Name	<input type="text"/>
City/Town/Village	<input type="text"/>

b. Botswana Postal Services Location

House No	<input type="text"/>	Apartment No	<input type="text"/>
Street Name	<input type="text"/>		
Location/Ward	<input type="text"/>		
City/Town/Village	<input type="text"/>		

**Continued**

c. Physical Address

Plot No

Location/Ward

City/Town/Village

51. Contact numbers

a. Home

b. Cellphone

c. Fax

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

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

60. Contact numbers

a. Home

b. Cellphone

c. Fax

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)

- |   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Cheque/Current | <input type="checkbox"/> Savings      | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Credit         | <input type="checkbox"/> Deposit      | <input type="checkbox"/> Overdraft |
| <input type="checkbox"/> Call           | <input type="checkbox"/> Transmission | <input type="checkbox"/> 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

