

BURS 1 (REVISED 2018)

Document No

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

TIN

SECTION A: PARTICULARS OF THE APPLICANT

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

A Company

B Trust

- Company type
- Public
 - Private
 - Company limited by guarantee
 - IFSC
 - CIU
 - Specified Corporation
 - Specified CIU

- Trust type
- Private
 - Public

- Minor children
- Legally disables
- Settlement & wills
- Revocable trusts
- Educational
- Religious
- Sporting club
- Social amenities
- Charitable
- Others

C Body of persons Government body
 Parastatal

D Fund
E Partnership/Joint Venture
F Estate of deceased persons

3 Country of Registration

4 Residential Status

Resident

Non - Resident

5 Postal Address for service of notice:

P O Box

Private Bag

Town / Village

Country

Postal Code

b. Botswana Postal Services Location Address

House No

Street Name

Location

Town / Village

Country

c. Postnet (Tick the appropriate box)

P O Box

Private Bag

Postnet Name

Town / Village

6. Physical Address:

Plot No

Location / Ward

City/Town/Village

Country

7. Contact number

a. Office b. Cellphone

c. Fax

8. E mail

SECTION B: PARTICULARS OF ORGANIZATION AND NATURE OF BUSINESS

9. Business activity (Describe services or products provided)

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

23. Status: Director Partner Member Member

24 Surname

25 First Name

26 Omang Resident Permit No

27 Passport No: (For Non Citizen only)

28 Work Permit No

29. Country of Citizenship:

30. Postal Address :

a. Postal Address (Tick the appropriate)

P O Box

Private Bag

Town / Village

Country

Postal Code

b. Botswana Postal Services Location

House No

Street Name

Town / Village

31. Contact number

a. Office

b. Cellphone

c. Fax

32. E mail

Official 2

33. Status: Director Partner Member Member

34 Surname

35 First Name

36 Omang Resident Permit No

37 Passport No: (For Non Citizen only)

38 Work Permit No

29. Country of Citizenship:

40. Postal Address :

a. Postal Address (Tick the appropriate

P O Box

Private Bag

Town / Village

Country

Postal Code

b. Botswana Postal Services Location

House No

Street Name

Town / Village

41. Contact number

a. Office

b. Cellphone

c. Fax

42. E mail

SECTION D: PARTICULARS OF REPRESENTATIVE

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

43. Status: (Tick the appropriate box)

Public Officer

Precedent

Partner

Trustee

Executor

Administrator

44 Surname

45 First Name

46. Country of citizenship:

47 TIN

48. Postal Address :

a. Postal Address (Tick the appropriate

P O Box

Private Bag

Town / Village

Country

Postal Code

b. Botswana Postal Services Location

House No

Street Name

Town / Village

Country

c. Postnet (Tick the appropriate box)

P O Box

Private Bag

Postnet Name

Town / Village

41. Contact number

a. Office

b. Cellphone

c. Fax

d. Home

42. E mail

SECTION F: DETAILS OF THE BANK ACCOUNT

60. Name of Bank:

Branch

Account No

Account Type (please tick the appropriate cheque account savings account

Cheque/Current account Corporate Savings Account

Overdraft Call Deposit

Transmission Internal Credit

Name of Account Holder:

SECTION G: ATTACHMENTS

61 a Copy of certificate of incorporation/Registration

b Partnership deed/Trust deed/Constitution

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

