APPLICATION FOR REGISTRATION AS A TAXPAYER OR SUPPLEMENTARY/CHANGE OF REGISTRATION



Document No			Ш										BUI	RS 1	A (F	REVI	SEC	2018)
PLOT 54379 CBD PRIVATE BAG 0013 GABORONE BOTSWANA Toll Free 17649 TEL: FAX: 3638000/3639000 FAX: 3639999/395	3101																	
PLEASE: PRINT YOUR PARTIC BLANK. IF THE INFORMATION)T L	.EAV	/E Al	NY (COL	UMN	1
Registration as a taxpayer TIN PARTICULAR	Re-registrat			type	es [В	ranch	n Re	gistr	atio	n							
SECTION A : PARTICULAR						,												
Select the source of income you Employment	are registering fo	or. (Tick	the appi	roprı	ate box	_	armin	g										
Other Business (Please specif	y)																	
2. Indicate what type of tax (es) yo Income Tax Other Withholding taxes(const 3. Title (Mr, Mrs, Miss, Dr, Sir, Prof	PAYE ruction, rental, ma					V	AT c)							_c	apita	al Tra	ansf	er
4. Surname																		
5. First Name (s)																		
6. Is the applicant Legally Disabled	I? Yes				No													
7.	Oman	g			Reside	nt Pe	rmit N	ا oا										
8. Passport No. (For Non Citizens																		
9. Previous Passport No. (For Non																		
10. Country of Citizenship													\mathbb{I}					
11. Residential Status	Resid	ent			Non- F	Reside	nt											
12. Address for service of notice																		
a. Botswana Postal Address	P O Box																	
	Private Bag																	
	Postnet Name																	
	City/Town/Villag	je 🗀											T					

Continued b. Botswana Postal Services Location																													
House No] .	Apa	rtm	ent	No																
Street Name																													
Location/Ward																													
City/Town/Village																													
13. Residential or Phys	sica	ıl Ac	ddre	SS																									
Plot No																													
Location/Ward																											\perp		
City/Town/Village																											floor		
Country																											\perp		
14. Contact Numbers																													
a. Home]										b	. Ce	llpho	one						
c. Fax]										d	. Off	ice							
15. Email Address																													
16. Statistical Details																													
a. Educational Qualific	atic	ons																											
b. Profession																													
c. Occupation																													
I. Name of Employer																													
e. Business Activity (Describe services or products provided)																													
SECTION B : PAI	RT	ICL	JLA	RS	OI	= N	EX	TC)F	KIN	10	RC	3U/	۱R	DΙΑ	N													
17. Surname																											\perp		
18. First Name																											$oxed{L}$		
19.							On	nan	g					Rε	side	ent F	ern	nit N	No								\mathbb{L}		
20. Passport No. (For	Nor	n Ci	tizer	าร																									
21. Postal Address for	sei	rvice	e of	noti	се																								
a. Botswana Postal Ac	ddre	ess		F	0	Вох]							
				F	Priva	ate E	3ag					Ī]							
				F	Post	net	Nar	ne				İ				И				Ī						T	Τ		
				(City/	Tov	/n/V	'illag	je		<u> </u>			Ī						Ì		Ì		İ	Ì	T	Ť	İ	
b. Botswana Postal Se	ervio	ces	Loc												4		A		•						•		-		
House No]	Apa	rtm	ent	No																
Street Name																													
Location/Ward																													
City/Town/Village																											\perp		

Continued																											
c. Physical Address																											
Plot No]																		
Location/Ward																											
City/Town/Village																											
Country																											
22. Contact Numbers																											
a. Home																			b	. Ce	llph	one					
c. Fax																			d	. Of	ice						
23. Email Address																											
SECTION C : BUS	SIN	ES:	II 2	VF(DRI	MA	TIC	NC																			
24. Business name																											
25. Trade Name 1.																											
26. Trade Name 2.																											
27. Date of commence	emei	nt of	i																								
28. Accounting year/ F	inar	ncial	yea	ar																							
VAT DETAILS (To	b be	e cc	mţ	olet	ed	whe	en	reg	iste	erin	g f	or \	/AT	or	ıly)												
29. Taxable turnover/	Ann	iual																									
30. Date taxable turno	ver	was	3]													
31. Liable date																											
32. Exempt turnover																											
33. Estimated value o	f im	port	S												Ī]									
34. Indicate whether y	ou a	are					Im	npor	ter		_			E	xpor	ter					/AT	Ехр	orte	er			
35. Are you an Emplo	yer						Ye	es						N	0												
36. Date of becoming	Em	ploy	⁄er																								
FARMING																											
37. Quantity	Cattl	le										She	ер									G	oats	6			
Others (Please specify	/)	[Q	uan	tity			
Size of Farm in hectar	es																										
38. Physical Address	of Bu	usin	ess																								
Plot No																											
Location/Ward																											
City/Town/Village																										$\overline{\Box}$	
Country																											

SECTION D : PARTICULARS OF YOUR REPRESENTATIVE 39. Do you have tax agent? Yes No																																	
39. Do you have tax	agen	t?					Ye	es]	No																		
40. Name																																	
41. TIN																																	
42. Address																																	
a. Botswana Postal A	Addre	ess		F	0	Вох																											
				F	Priva	ite E	3ag																										
				F	Post	net	Nan	ne																		\prod	\perp	\prod	\Box		\prod		
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b. Botswana Postal S	Servi	ces l	Loca	atio	1				ı																								
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Street Name																										L	\perp	\perp	\perp		\perp		
Location/Ward																												\perp	$\underline{\perp}$				
City/Town/Village																										\prod	floor	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$	\prod		\Box		
c. Physical Address									_																								
Plot No																																	
Location/Ward																										floor	\perp	\prod	\prod	\square	\prod		
City/Town/Village																												\prod					
Country														I			\prod									floor		\prod					
43. Contact Numbers	;																																
a. Home																					b.	Cel	lphc	ne		Γ	T	Τ	Т	Т	Т		٦
c. Fax																					d.	Offi	се			Ē	T	Ŧ	Ŧ	Ŧ	Ŧ		Ī
44. Email Address														Γ					T								Ŧ	Ī	Ŧ	Ŧ	Ŧ		Ī
SECTION E: DETA	ILS	OF	TH	E	BAN	IK	AC	COL	JNT					•								•	•										_
45. a. Name of Bank														Γ			Γ		T							Γ	T	T	Т	$\overline{\perp}$	Т		٦
b. Branch												Ī		Ī	Ť		Ī		Ī							Γ	T	Ŧ	T	T	Ŧ	Ì	Ī
c. Account No																	Ī		Ī							Ī	Ī	Ī	Ī	Ī	Ī	Ť	Ī
d. Account Type	plea	se ti	ck tł	ne a	appr	opri	ate	box)				-			-	-				_	-												
			Cr	equ	ue/C	urre	ent								Sa	avin	gs]c	orp	orat	е		
			Cr	edit											D	epos	sit																
Name of Account Ho	lder													Ι			Ī											\prod					
Confirmation by the	bank	(to	be c	om	plete	ed b	y a	n au	thoı	rised	o b	office	r of t	the	e ban	k)																	
Name					Τ		T			T	T	T	T	Τ		Τ	Τ	Т						Ĺ	Γ	Τ	Т	Т	П	Т	П		_
Designation							T	Ī		T	T	Ť	Ť	Ť	Ť	Ť	Ť	Ť					Ì			Ť	Ť	Ŧ	ᆿ	Ħ	Ħ	İ	_
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Signature																											Offi	ce	Sta	mn			
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SECTION G: DECLARATION OF TRUTH														
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 Sms E-mail Post														
SECTION F:														
44. a. Copy of omang/Passport for Nor	n-resident/Resid	dence permi	t											
b. Letter of authority for representa	tive taxpayer (t	ax agent)												
c. Proof of Turnover														
d. List of Assets														
e. Voluntary letter of VAT if Turnov	er is between F	P500, 000 ar	nd P1, 000, 00	00.00										
f. Letter of authority for branch reg	istration													