

Document No.

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"

TIN

SECTION A : PARTICULARS OF THE APPLICANT

1. Title (Mr,Mrs,Miss,Dr,Sir,Prof,Rev)

2. Surname

3. First Name(s)

4. Is the applicant Legally Disabled: Yes No

5. Omang Resident Permit

6. Passport No. (For Non Citizens only)

7. Previous Passport No. (For Non Citizens only)

8. Country of Citizenship:

9. Residential Status Resident Non- Resident

10. Address for service of notice

a. Botswana Postal Address

P O Box

Private Bag

Postnet Name

City/Town/Village

b. Botswana Postal Services Location Address

House No House No

Street Name

Location/Ward

City/Town/Village

11. Residential or Physical Address:

Plot No

Location/Ward

Location/Ward

Country

12. Contact Numbers:

a. Home

b. Cellphone

c. Fax

d. Office

13. Email Address

14. Statistical Details

a. Educational Qualifications

b. Profession

c. Occupation

d. Name of Employer

e. Business Activity (Describe services or products provided)

SECTION B : PARTICULARS OF NEXT OF KIN OR GUARDIAN (For legally disabled person)

15. Surname

16. First Name(s)

17. Omang Resident Permit

18. Passport No. (For Non Citizens only)

19. Contact Numbers:

a. Home

b. Cellphone

c. Fax

d. Office

20. Email Address

SECTION C : BUSINESS INFORMATION

21. Business

22. Trade Name 1.

23. Trade Name

24. Date of commencement of business:

25. Accounting year/ Financial year end

SECTION D : PARTICULARS OF YOUR REPRESENTATIVE

26. Do you have tax agent? Yes No

27. Name

28. TIN

19. Contact Numbers:

a. Home

b. Cellphone

c. Fax

d. Office

20. Email Address

SECTION E: DETAILS OF THE BANK ACCOUNT

31. a. Name of Bank:

b. Branch

c. Account No.

d. Account Type (please tick the appropriate box)

Cheque/Current Savings Account Corporate

Credit Deposit

e. Name of Account Holder:

SECTION F: ATTACHMENTS

32. a. Copy of omang/Passport for Non-resident/Residence

b. Letter of authority for representative taxpayer (tax agent)

SECTION G: 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 SMS E-mail Post