

| BURS 1 (REVISED | | | | | | | | | | | | | | |
|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Document No | | | | | | | | | | | | | | |
| PLEASE: PRINT YOUR PARTICULARS IN BLOCK LETTERS OR TICK THE APPROPRAITE BOX . DO NOT LEAVE A COLUMN BLANK. IF THE PARTICULAR INFORMATION ASKED FOR IS NOT APPLICABLE PLEASE STATE "NOT APPLICABLE" | | | | | | | | | | | | | | |
| TIN NOTE OF THE PROPERTY OF TH |] | | | | | | | | | | | | | |
| 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 Trust type Private Minor children | | | | | | | | | | | | | | |
| Private Company limited by guarantee IFSC CIU Specified Corporation Specified CIU Specified CIU Specified CIU Specified CIU Charitable Others | | | | | | | | | | | | | | |
| C Body of persons Government body D Fund | | | | | | | | | | | | | | |
| Parastatal 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 Private Bag | | | | | | | | | | | | | | |
| Town / Village | 7 | | | | | | | | | | | | | |
| Country | <u>-</u> | | | | | | | | | | | | | |
| Postal Code TTTTTT | _ | | | | | | | | | | | | | |

b. Botswana Postal Services Location Address

| House No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|-------------------|------------|-----------|------------|--------|--------------------|------|------|-------------|-----|-------------|-----|-------------|---------|----------------------|------|-----|-----------|-----------|-----------|------|---|---|--|---|---|---|---|--|--|--|--|
| Street Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | | | | | | Ι | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town / Village | | | | | | Ι | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | Τ | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | Ι | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Contact numb | er | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Office | | | | | Τ | T | | | | | | |] | b. | Се | lph | one | | | Τ | | | | | | | T | | | | | | |
| c. Fax | b. Cellphone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. E mail | | | | | | | | | | | | | | | Τ | Τ | | Τ | Τ | Т | | | | | | Τ | | Т | T | | | | |
| SECTION B: PARTICULARS OF ORGANIZATION AND NATURE OF BUSINESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION B: PAI | RTIC | CU | LAF | RS | OF | 0 | R | GΑI | NIZ | ΆΤ | 101 | 1A <i>l</i> | ۷D | NΑ | TUI | RE | OF | BU | SIN | IES | S | -1 | | | | • | ! | | | | | | |
| SECTION B: PAI 9. Business activ | | | | | | | | | | | | | | | | RE | OF | BU | SIN | IES | S | 1 | · | ! | | | | | ! | | | | |
| | | | | | | | | | | | | | | | | RE | OF | BU | SIN | IES | S | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | RE | OF | BU | SIN | IES | S | | | | | | | | | | | | |
| 9. Business activ | ity (I | De | scr | ibe RS | se | rvio | w | S O | r pr | odu | AL | s pro | R [| ded | ECT | ГОР | RS/I | REL | .AT | ED | PE | | | 6 | | | | | | | | | |
| 9. Business activ | ity (I | De | scr | ibe RS | se | rvio | w | S O | r pr | odu | AL | s pro | R [| ded | ECT | ГОР | RS/I | REL | .AT | ED | PE | | | 6 | | | | | | | | | |
| 9. Business activ | ity (I | De | scr | ibe RS | se | rvio | w | S O | r pr | odu | AL | s pro | R [| ded | ECT | ГОР | RS/I | REL | .AT | ED | PE | | | 3 | | | | | | | | | |
| 9. Business activ | ity (I | De CUI f tw | scr | RS maj | OF or L | rvio | w | O C | r pr | odu | ALS | s pro | R [| DIR | ECT | ΓΟF | RS/I | REL | AT e s | ED pac | PE | elov | | 6 | | | | | | | | | |
| 9. Business active SECTION C: PAI Furnish particular Official 1 | ity (I | De CUI f tw | LAF | RS maj | OF or L | rvio | w | O C | r pr | ICI. | ALS | s pro | R [| DIR | ECTS/Of | ΓΟF | RS/I | REL | AT e s | ED pac | PE e b | elov | | 6 | | | | | | | | | |
| 9. Business active SECTION C: PAR Furnish particula Official 1 23. Status: | ity (I | De CUI f tw | LAF | RS maj | OF or L | rvio | w | O C | r pr | ICI. | ALS | s pro | R [| DIR | ECTS/Of | ΓΟF | RS/I | REL | AT e s | ED pac | PE e b | elov | | 6 | | | | | | | | | |
| 9. Business active SECTION C: PAR Furnish particula Official 1 23. Status: 24 Surname | RTIC | De CUI f tw | LAF | RS maj | OF or L | rvio | w | O C | r pr | ICI. | AL: | s pro | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | 6 | | | | | | | | | |
| 9. Business active SECTION C: PAI Furnish particula Official 1 23. Status: 24 Surname 25 First Name | RTIC | De CUI f tw | LAF | RS maj | OF Or L | T\Dire | W(Cech | o Co | r pr | ICI. | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PAR Furnish particular Official 1 23. Status: 24 Surname 25 First Name 26 Omang | RTIC | De CUI f tw | LAF | RS maj | OF Or L | T\Dire | W(Cech | o Co | r pr | ICI. | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PAR Furnish particular Official 1 23. Status: 24 Surname 25 First Name 26 Omang 27 Passport No: | RTIC (For | De CU | LAF | RS maj | OF Or L | T\Dire | W(Cech | o Co | r pr | ICI. | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PAI Furnish particular Official 1 23. Status: 24 Surname 25 First Name 26 Omang 27 Passport No: 28 Work Permit | RTIC | De CU | LAF | RS maj | OF Or L | T\Dire | W(Cech | o Co | r pr | ICI. | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PAI Furnish particular Official 1 23. Status: 24 Surname 25 First Name 26 Omang 27 Passport No: 28 Work Permit 29. Country of C 30. Postal Address | (For No itize | De CUI f tw | LAF Vor | RS maj | OF or L | | W(Cecimon Indiana) | tors | Pa | ICI artn | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PARAMENTAL PA | (For No itize | De CUI f tw | LAF Vor | RS maj | OF or L | | W(Cecimon Indiana) | tors | Pa | ICI artn | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PAR Furnish particular Official 1 23. Status: 24 Surname 25 First Name 26 Omang 27 Passport No: 28 Work Permit 29. Country of | (For No itize | De CUI f tw | LAF Vor | RS maj | OF or L | | W(Cecimon Indiana) | tors | Pa | ICI artn | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |
| 9. Business active SECTION C: PAR Furnish particular Official 1 23. Status: 24 Surname 25 First Name 26 Omang 27 Passport No: 28 Work Permit 29. Country of C 30. Postal Addres a. Postal Addres P O Box | (For No itize | De CUI f tw | LAF Vor | RS maj | OF or L | | W(Cecimon Indiana) | tors | Pa | ICI artn | AL: | S O | R E | DIR bers | ECT | TOF ficial ber | RS/I | REL | AT e s | ED pac | PE e b | elov | | | | | | | | | | | |

| Postal Code | | | | | | | | | | | | | | |
|---|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| b. Botswana Postal Services Location House No | | | | | | | | | | | | | | |
| 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 | mber | | | | | | | | | | | | | |
| 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 Private Bag | | | | | | | | | | | | | | |
| Town / Village | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | |
| Postal Code 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/ Executor/ | utive 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 c | itizenship: | | | | | | | | | | | | | | | | | | | | | | I | |
| 47 TIN | | | Ш | | | | | | | | | | | | | | | | | | | | | |
| 48. Postal Address : | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Postal Addre | ess (Tick t | he app | oropr | iate | | | | | | | | | | | | | | | | | | | | |
| P O Box | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Bag | | | | | | | | | | | | | | | | | | | | | | | | |
| Town / Village | | | | | | | | | | | | | | | | | | | | | | | \perp | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Code | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Botswana Postal Services Location | | | | | | | | | | | | | | | | | | | | | | | | |
| House No | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Town / Village | | | | | | | | | | | | | | | | | | | | | | | \perp | |
| Country | | | | | | | | | | | | | | | | | | | | | | | floor | |
| c. Postnet (Tick | the appro | opriate | e box | () | | | | | | | | | | | | | | | | | | | | |
| P O Box | | | | | Ш | | | | | | | | | | | | | | | | | | | |
| Private Bag | | | | | | | | | | | | | | | | | | | | | | | | |
| Postnet Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Town / Village | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. Contact num | nber | | | | | | | | | | | | | | | | | | | | | | | |
| a. Office | | | | | | | | b. | Cell | pho | ne | | | | | | | | | | | | | |
| c. Fax | | | | | | | | d. | Hon | ne | | | | | | | | | | | | | | |
| 42. E mail | | | | | | I | | | | | | | | | | | | | | | | | \perp | |
| SECTION F: DE | TAILS OF | THE E | BANK | ACC | OUN | Т | | | | | | | | | | | | | | | | | | |
| 60. Name of Bar | nk: | | | | | \prod | | | | | | | | | | | | | | | | | \perp | |
| Branch | | | | | | T | I | | | | | | | | | | | | | | | | \Box | |
| Account No | | | | | | Ī | | Ì | Ì | | | | | | | | | | | | | | Ī | |
| Account Type (p | olease tick | the ap | propr | riate | | | ch | nequ | ıe a | ccou | unt | | | | | s | avin | ıgs | acc | coui | nt | | | |
| Cheque/C | Current acc | count | | | Cor | pora | ate | | | | | | | | | -] s | avir | ngs | Ac | cou | ınt | | | |
| Overdraft | | | | | Call | | | | | | | | | | | - | ерс | | | | | | | |
| Transmis | | | | | Inte | | | | | | | | | | \vdash | - | red | | | | | | | |
| | 01011 | | | Ш | 11110 | mai | | | | | | | | | <u></u> |] 、 | 7100 | | | | | | | |
| Name of Accour | nt Holder: | | | | | | | | | | | | | | | | | | | | | | I | |
| SECTION G: AT | TACHME | NTS | | | | | | | | | | | | | | | | | | | | | | |
| 61 a | Copy of | certific | cate | of inco | orpora | tior | /Re | gist | tratio | on | | | | | | | | | | | | | | |
| b | Partners | ship de | ed/T | rust d | leed/C | Cons | stitu | tion | l | | | | | | | | | | | | | | | |
| с | Copy of | oman | g/Pa | ssport | for P | ubli | c of | fice | r an | d tw | o n | najo | r | | | | | | | | | | | |

| d | Voluntary letter of VAT if Turnover is between P500, 000 and P1, 000, 000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|--|---------|-------|-------|---------|---------|--|--|---------|---------|----|-----|---|--|---------|---------|---|----|-----|--|---|---|-----|-----|----|--|---------|--------|---------|--------|--|--|
| е | | Proof of turnover for VAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f | | List of Assets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g | | Letter of authority for representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h | Letter of authority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION H: DECLARATION OF TRUTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I DECLARE AND BELIEF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Taxpayer or Representative: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ш | | | floor | | \perp | \prod | | | \perp | \perp | | | | | \perp | \prod | | | | | | | | | | | \perp | floor | \prod | \Box | | |
| Capacity | | | \perp | floor | | \prod | | | | \perp | | | | | | \perp | | | | | | | | | | | | I | \Box | | | | |
| Signature | | | | | | | | | | | | D | ato | е | | | | | | | | Ι | | | | | | | | | | | |
| Preferred mo | de of | Cor | ทฑเ | uni | catio | on : | : | | | | sm | าร | | | | | | е | ma | ail | | | [|] t | 008 | st | | | | | | | |
| Preferred Use | ernan | ne fo | or es | ser | vice | es: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cellphone No | o of t | ne S | upe | r u | ıser | | | | | \perp | I | | | | | \perp | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |