REPUBLIC OF BOTSWANA

# GOVERNMENT GAZETTE EXTRAORDINARY

**Vol. LVII, No. 35** **GABORONE** **24th May, 2019**

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*Statutory Instrument No. 58 of 2019*

REGISTRATION OF BUSINESS NAMES ACT
(Act No. 25 of 2018)

**REGISTRATION OF BUSINESS NAMES ACT (COMMENCEMENT DATE) ORDER, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF PARAGRAPHS

PARAGRAPH
1. Citation
2. Commencement of Act No. 25 of 2018

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 1 of the Registration of Business Names Act, 2018, the following Order is hereby made —

Citation

**1.** This Order may be cited as the Registration of Business Names Act (Commencement Date) Order, 2019.

Commencement of Act No. 25 of 2018

**2.** The Registration of Business Names Act shall come into operation on 3rd June, 2019.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 59 of 2019*

REGISTRATION OF BUSINESS NAMES RE-REGISTRATION ACT
(Act No. 26 of 2018)

**REGISTRATION OF BUSINESS NAMES RE-REGISTRATION ACT (COMMENCEMENT DATE) ORDER, 2019**

(*Published on 24th May, 2019*)

ARRANGEMENT OF PARAGRAPHS

PARAGRAPH

1. Citation
2. Commencement of Act No. 26 of 2018

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 1 of the Registration of Business Names Re-registration Act, 2018, the following Order is hereby made —

Citation

**1.** This Order may be cited as the Registration of Business Names Re-registration Act (Commencement Date) Order, 2019.

Commencement of Act No. 26 of 2018

**2.** The Registration of Business Names Re-registration Act shall come into operation on 3rd June, 2019.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 60 of 2019*

COMPANIES (AMENDMENT) ACT
(Act No. 22 of 2018)

**COMPANIES (AMENDMENT) ACT (REMAINING SECTIONS COMMENCEMENT DATE) ORDER, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF PARAGRAPHS

PARAGRAPH
1. Citation
2. Commencement of remaining sections of Act No. 22 of 2018

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 1 of the Companies (Amendment) Act, 2018, the following Order is hereby made —

Citation

**1.** This Order may be cited as the Companies (Amendment) Act (Remaining Sections Commencement Date) Order, 2019.

Commencement of remaining sections of Act No. 22 of 2018

**2.** The remaining sections of the Companies (Amendment) Act shall come into operation on 3rd June, 2019.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 61 of 2019.*

COMPANIES ACT
(Cap. 42:01)

**COMPANIES (SIGNING OF CERTIFICATES) REGULATIONS (REVOCATION) ORDER, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF PARAGRAPHS

PARAGRAPH
1. Citation and commencement
2. Revocation of S.I. No. 61 of 2006

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 528 of the Companies Act, the following Order is hereby made —

Citation and commencement

**1.** This Order may be cited as the Companies (Signing of Certificates) Regulations (Revocation) Order, 2019 and shall come into force on 3rd June, 2019.

Revocation of S.I. No. 61 of 2006

**2.** The Companies (Signing of Certificates) Regulations are hereby revoked.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 62 of 2019*

COMPANIES ACT
(Cap. 42:01)

**AUDITOR OF COMPANY (QUALIFICATION FOR APPOINTMENT) (REVOCATION) ORDER, 2019**

(*Published on 24th May, 2019*)

ARRANGEMENT OF PARAGRAPHS

PARAGRAPH
1. Citation and commencement
2. Revocation of S.I. No. 33 of 1985

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 528 of the Companies Act, the following Order is hereby made —

Citation and commencement

**1.** This Order may be cited as the Auditor of Company (Qualification for Appointment) (Revocation) Order, 2019 and shall come into force on 3rd June, 2019.

Revocation of S.I. No. 33 of 1985

**2.** The Auditor of Company (Qualification for Appointment) Order is hereby revoked.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

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*Statutory Instrument No. 63 of 2019*

COMPANIES RE-REGISTRATION ACT
(Act No. 24 of 2018)

**COMPANIES RE-REGISTRATION ACT (COMMENCEMENT DATE) ORDER, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF PARAGRAPHS

PARAGRAPH
1. Citation
2. Commencement of Act No. 24 of 2018

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 1 of the Companies Re-registration Act, 2018, the following Order is hereby made —

Citation

**1.** This Order may be cited as the Companies Re-registration Act (Commencement Date) Order, 2019.

Commencement of Act No. 24 of 2018

**2.** The Companies Re-registration Act shall come into operation on 3rd June, 2019.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry*.

*Statutory Instrument No. 64 of 2019.*

COMPANIES ACT
(Cap. 42:01)

**COMPANIES (AMENDMENT) REGULATIONS, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF REGULATIONS

REGULATION
1. Citation and commencement
2. Amendment of regulation 3 of Cap. 42:01 (Sub. Leg.)

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 528 of the Companies Act, the following Order is hereby made —

Citation and commencement

**1.** These Regulations may be cited as the Companies (Amendment) Regulations, 2019 and shall come into force on 3rd June, 2019.

Amendment of regulation 3 of Cap. 42:01 (Sub. Leg.)

**2.** The Companies Regulations are amended by substituting for regulation 3, the following new regulation —

"General requirements for documents Cap. 43:12

3. (1) Subject to the Electronic Communications and Transactions Act, where a document is required to be signed, that requirement is met if the signature is an original signature, electronic signature, or a scanned document with signature.".

(2) Documents can be scanned and uploaded as attachments to applications and notices delivered to the Registrar.

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 65 of 2019*

COMPANIES ACT
(Cap. 42:01)

**COMPANIES (FEES) (AMENDMENT) REGULATIONS, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF REGULATIONS

REGULATION
1. Citation and commencement
2. Amendment of Schedule to Cap. 42:01 (Sub. Leg.)

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 528 of the Companies Act, the following Order is hereby made —

Citation and commencement

**1.** These Regulations may be cited as the Companies (Fees) (Amendment) Regulations, 2019 and shall come into force on 3rd June, 2019.

Amendment of Schedule to Cap. 42:01 (Sub. Leg.)

**2.** The Companies (Fees) Regulations are amended in the Schedule by substituting for Table 1, the following new Table —

"TABLE 1

**FEES PAYABLE TO THE REGISTRAR OF COMPANIES**

| Type of transaction | Online Fee | Walk-in Fee | Penalty Fee |
|---|---|---|---|
| Application for Reservation of Company Name | P20 | P60 | None |
| Application for Registration of a Private or Public Company | P360 | P900 | None |
| Application for Registration of a Close Company | P360 | P900 | None |
| Application for Registration of a Company Limited by Guarantee | P4,600 | P6,000 | None |
| Registration of an External Company | P4,600 | P6,000 | Yes |
| Application for Registration and Continuation of a Foreign Company in Botswana | P6,150 | P10,000 | None |
| Registration of a Statutory Corporation as a Company | P10,000 | P15,000 | None |
| Application to Change Name of Company (costs will cater for publication fees in newspapers and other mediums) | P1,000 | P1,500 | None |
| Adoption/Alteration/Revocation of Constitution | P500 | P1,000 | Yes |

| | | | |
|---|---|---|---|
| Notice of Change of Registered Office & Principal Place of Business | No Fee | P500 | Yes |
| Notice of Principal Place of Business | No Fee | P500 | Yes |
| Notice of place where Share Registers are kept | No Fee | P500 | Yes |
| Notice of place where Accounting Records are kept | No Fee | P500 | Yes |
| Notice of Change of Directors | No Fee | P500 | Yes |
| Notice of Change of Secretary | No Fee | P500 | Yes |
| Change of Particulars of a Company Limited by Guarantee | P1,000 | P1,500 | Yes |
| Subdivision or Consolidation of Shares | No Fee | P500 | Yes |
| Liquidation Documents (e.g. Appointment of Liquidator, Court Orders, Liquidator Reports) | No Fee | P500 | None |
| Notice of Appointment or Re-Appointment of an Auditor on behalf of the Company by the Registrar | P1,000 | P2,000 | Yes |
| Particulars of Auditors | P500 | P2,000 | Yes |
| Notice of Issue or Reduction of Shares | No Fee | P500 | Yes |
| Notice of call on shares | No Fee | P500 | Yes |
| Notice of Acquisition of Own Shares | No Fee | P500 | Yes |
| Notice of Transfer of Shares | No Fee | P500 | Yes |
| Amendment to Shareholders Details of a Private Company | No Fee | P500 | None |
| Return of Alteration of Particulars of External Company | P1,000 | P1,500 | Yes |
| Change of Particulars of a Close Company | P1,000 | P1,500 | Yes |
| Appointment of an Accounting Officer | No Fee | P500 | Yes |
| Amalgamation (up to three companies) | P3,000 | P5,000 | None |
| For every additional amalgamating company, above three companies | P1,000 | P2,000 | None |
| Application for Conversion of a Private Company into a Close Company | P1,500 | P2,000 | None |
| Application for Conversion of a Close Company into a Private Company | P1,500 | P2,000 | None |
| Application for Conversion of a Public Company into a Private Company | P1,500 | P2,000 | None |
| Application for Conversion of a Private Company into a Public Company | P1,500 | P2,000 | None |

| | | | |
|---|---|---|---|
| Application for Conversion of a Private/Public Company into a Company Limited by Guarantee | P5,000 | P7,500 | None |
| Submission of Company Prospectus/Programme Memorandum | P7,500 | P10,000 | Yes |
| Submission of Supplementary Prospectus/ Programme Memorandum | P5,000 | P7,500 | Yes |
| Compromise | P5,000 | P7,500 | Yes |
| Application to Restore Company to Register | P2,000 | P3,000 | None |
| Application to Restore Company due to failure to Re-register/Already de-registered | P5,000 | P10,000 | None |
| Statement of Particulars of Charges | P300 | P400 | Yes |
| Financial Statements/Annual Report | P5,000 | P6,000 | Yes |
| Application for the Registrar's approval or consent where there is no other fee prescribed | P300 | P500 | None |
| Annual Return for a Private or Public Company | P500 | P1,000 | Yes |
| Annual Return for Close Company | P500 | P1,000 | Yes |
| Annual Return for Company Limited by Guarantee | P500 | P1,000 | Yes |
| Annual Return for an External Company | P500 | P1,000 | Yes |
| Annual Return for a Foreign Company | P500 | P1,000 | Yes |
| Request to Remove Company from Register | P300 | P500 | None |
| Notice of Cessation of Business in Botswana by an External Company | P300 | P500 | Yes |
| Application to Remove a Company from register where it has transferred incorporation to another country | P6,000 | P7,000 | None |
| Request for search from old company file* | n/a** | P150*** | None |
| Copy of extract from old company file* | n/a** | P200*** | None |
| Certification of a copy of or extract from the document where a photocopy is made by the Registrar | n/a** | P250*** | None |
| Certificate/Extract of a document from the online system | n/a** | P100*** | None |

| | | | |
|---|---|---|---|
| For the delivery of any document after the time specified in the Act in respect of that document; | | | |
| (*a*) Where delivered not later than 10 days after the prescribed time | A penalty fee equivalent to the Online filling fee and where there is no online fee, the walk-in fee shall apply. | A penalty fee equivalent to the walk-in filling fee | n/a |
| (*b*) Where delivered more than 10 days after the prescribed time | A penalty fee equivalent to the Online filling fee and where there is no online fee, the walk-in fee plus P5.00 a day shall apply. | A penalty fee equivalent to the walk-in filling fee plus P5.00 a day shall apply. | n/a |

***Company document prior to the online system**
**** online search free**
***** The fees shall effect after the lapse of the Re-registration period".**

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 66 of 2019*

REGISTRATION OF BUSINESS NAMES RE-REGISTRATION ACT
(Act No. 26 of 2018)

# REGISTRATION OF BUSINESS NAMES RE-REGISTRATION REGULATIONS, 2019

(*Published on 24th May, 2019*)

ARRANGEMENT OF REGULATIONS

REGULATION
1. Citation and commencement
2. Re-registration of business name
3. Certificate of registration
SCHEDULES

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 8 of the Registration of Business Names Re-registration Act, the following Regulations are hereby made —

Citation and commencement

**1.** These Regulations may be cited as the Registration of Business Names Re-registration Regulations, 2019 and shall come into operation on 3rd June, 2019.

Re-registration of business name

**2.** A firm, body corporate or individual shall make an application to the Registrar for re-registration of a business name in Form A set out in Schedule 1 and upon payment of a fee as set out in Schedule 2.

Certificate of registration

**3.** The Registrar shall, after consideration of application made under regulation 2, issue a certificate of registration in Form B set out in Schedule 1.

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

SCHEDULE 1

FORM A
(reg. 2)
APPLICATION FOR RE-REGISTRATION OF BUSINESS NAME

Name of business name……

Registration number……..

1. DETAILS OF BUSINESS NAME:

Business Activities:

(Please record the business activity as per attached list)

Principal Place of Business:

Plot Number:

Ward / Street:

City / Town / Village:

Postal Address:
(Postal address to which Communications from the Registrar may be sent)

Telephone:

Renewal Reminders:
The Registrar will send courtesy reminders to the business name.

Mobile Number:
Email Address:

2. PARTICULARS OF INDVIDUAL PROPRIETOR

The following persons are the proprietors of the business name. Provide this information in the prescribed format for every proprietor of the business name.

**C.428**

*Complete this information if the proprietor is an individual*

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport) | Residential address: |
| *Identity Number:<br>(*For non-citizens Passport)<br><br>First, Middle & Last Name<br>Nationality: | Residential address:<br><br><br><br>Postal address: |
| *Identity Number:<br>(*For non-citizens Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br><br><br>Postal address:<br><br>Date of Appointment: |

RE-REGISTRATION OF BUSINESS NAME

Name of business name……..

Registration number……

3. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the business name. Provide this information in the prescribed format for every proprietor of the business name

*Complete this information if the proprietor is a company registered in Botswana*

| | |
|---|---|
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address:<br><br>Date of Appointment: |

| | |
|---|---|
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address:<br><br>Date of Appointment: |

*Complete this information if the proprietor is a body corporate*

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Name of Representative:<br>Phone Number:<br>Email address: | *Registered Office address:<br><br><br>Postal address:<br><br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.

4. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- ☐ a. If the person is a non-citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.
- ☐ b. Company proprietor outside Botswana to provide evidence of incorporation in home jurisdiction.
- ☐ c. If the proprietor is a Body Corporate, a full list of shareholders is required.

5. PROPRIETOR CONSENT

☐ I confirm that the proprietors have consented to be a Proprietor for this business name.
*Please tick*

6. DECLARATION

*Tick to confirm this information*

☐ I confirm that I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed By…….

Signature……

Date……

| | |
|---|---|
| Completed by:<br><br>Postal Address: | *Identity Number:<br>**(*For non-citizens Passport)**<br><br>Telephone:<br><br>Mobile:<br><br>Email: |

**C.430**

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other

FORM B

CERTIFICATE OF REGISTRATION
*(reg. 3)*

Name of business name……

Business name number…….

I hereby certify that name of business was registered under the Registration of Business Names Act on the date of registration

Proprietor(s)……

Name of Proprietor…….

Principal Place of Business…….

Business Activities…….

Dated at Gaborone this……day of……

Date Certificate was generated……

Registrar's signature…….....

Registrar's Name…….

FOR REGISTRAR OF BUSINESS NAMES

SCHEDULE 2

FEES PAYABLE TO THE REGISTRAR
(*reg*. 2)

| **Type of transaction** | **online** | **Walk-in** |
|---|---|---|
| Re-registration of business name | P150 | P300 |
| Request for search of a physical file of a business | No fee | P50 |
| Copy of extract from a physical file of a business | No fee | P50 |
| Certification of a copy or extract of a document lodged from the Registrar | No fee | P100 |

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry*.

*Statutory Instrument No. 67 of 2019*

REGISTRATION OF BUSINESS NAMES ACT
(Act No. 25 of 2018)

**REGISTRATION OF BUSINESS NAMES REGULATIONS, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation and commencement
2. Application for reservation of name
3. Statement of particulars
4. Certificate of registration
5. Notice of change of particulars
6. Cancellation of business name
7. Restoration of business name
8. Renewal of business name
9. Application for extension of time
10. Inspection of documents and provision of copies
SCHEDULES

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 27 of the Registration of Business Names Act, the following Regulations are hereby made —

Citation and commencement

**1.** These Regulations may be cited as the Registration of Business Names Regulations, 2019 and shall come into operation on 3rd June, 2019.

Application for reservation of name

**2.** (1) An applicant shall, in accordance with section 4 of the Act, apply for reservation of a business name in Form A set out in Schedule 1.

(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.

Statement of particulars

**3.** (1) A firm, individual or body corporate intending to register under the Act shall, in accordance with section 7 of the Act, deliver to the Registrar a notice in Form B set out in Schedule 1.

(2) An application made in accordance with section 7 (3) of the Act, shall be accompanied by a fee set out in Schedule 2.

Certificate of registration

**4.** The Registrar, in accordance with section 7 (3) of the Act shall, after entering a business name in the register, issue a certificate of registration in Form C set out in Schedule 1.

Notice of change of particulars

**5.** (1) A firm, individual or body corporate shall deliver a notice of any changes in the particulars specified in section 11 of the Act to the Registrar in Form D set out in Schedule 1.

(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.

Cancellation of business name

**6.** (1) A firm, individual or body corporate shall, in accordance with section 16 of the Act, deliver a notice of cancellation to carry on business name in Form E set out in Schedule 1.

(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.

Restoration of business name

**7.** (1) A firm, individual or body corporate whose name has been cancelled from the register shall make an application to the Registrar in terms of section 17 of the Act for restoration of its business name in Form F set out in Schedule 1.

(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.

Renewal of business name

**8.** (1) A firm, individual or body corporate shall make an application to the Registrar in terms of section 18 of the Act in Form G set out in Schedule 1, for the renewal of a business name.

(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.

Application for extension of time

**9.** (1) An applicant shall, in accordance with section 19 of the Act, apply to the Registrar for an extension of time in Form H set out in Schedule 1.

(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.

Inspection of documents and provision of copies

**10.** Any person may, in accordance with section 20 of the Act, and after payment of a fee set out in Schedule 2 —

(*a*) inspect the register or any document filed with the Registrar; or

(*b*) be provided with a certified copy of a certificate, or an extract from any document filed with the Registrar.

SCHEDULE 1

FORM A

APPLICATION FOR RESERVATION OF A BUSINESS NAME
*(reg. 2)*

Proposed business name……

ACCOMPANYING DOCUMENTS

The following documents may accompany this form:

a. consent from another company business name or relevant authorities (e.g. Bank of Botswana etc. ) to the use of the name; and

b. any supporting information to assist the Registrar.

IMPORTANT INFORMATION

The Registrar of Business Names must not reserve a name –

- the use of which would contravene the Banking Act or any other enactment; or
- that is identical or almost identical to the name of another local or external company or business name unless consent has been obtained to use the name; or
- that is identical or almost identical to a local or external company name or business name that has already been reserved and that is still available for registration unless consent has been obtained to use the name; or
- that in the opinion of the Registrar is calculated to mislead the public or cause offence

The Registrar will advise the presenter by notice as to whether or not the Registrar has reserved the name. If the name has been reserved, then, unless the reservation is revoked by the Registrar the name is available for registration of a business name with that name or on a change of name for 30 working days after that date stated in the notice.

A name reservation does not provide any proprietary rights or interests in the name.

Note: The Registration of Business Names Act prevents the world "Botswana" from being used at the start of a business name except with the Minister's written consent

**C.436**

Presented by……

Signature……..

Date……

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens Passport number)**

Telephone number:

Mobile phone number:

Email address:

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

FORM B

NOTICE OF INTENTION TO REGISTER
*(reg. 3)*

Proposed business name……

Name reservation number……...

1. DETAILS OF PROPOSED BUSINESS NAME:

Business activities……

(Please record the business activity as per attached list)

Principal place of business:

Plot Number:

Ward / Street / Location:

Postal address:
(Postal address to which communications from the Registrar may be sent)

Telephone number:

Renewal reminders:
The Registrar will send courtesy reminders to the business.

Mobile phone number:

**C.438**

## 2. PARTICULARS OF INDVIDUAL PROPRIETOR

The following persons are the proprietors of the proposed business name.

*Complete this information if the proprietor is an individual*

*Identity Number:
(*For non-citizens Passport number)

First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

*Identity Number:
(*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

*Identity Number:
(*For non-citizens Passport number)

First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile phone number:
Email address:

Residential address:

Postal address:

## 3. PARTICULARS OF NOMINEE

The following persons are the nominees of the proposed business name.

*Complete this information if the proprietor is a nominee*

*Identity Number:
(*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

*Identity Number:
(*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport number)<br>First, Middle & Last Name<br>Nationality:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal address: |

The following persons are the nominees of the proposed business name

4. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the proposed business name –

*Complete this information if the proprietor is registered company in Botswana*

| | |
|---|---|
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address: |
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address: |

*Complete this information if the proprietor is a body corporate*

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Country of Registration:<br>Name of Representative:<br>Phone Number:<br>Email address | Registered Office address:<br><br>Postal address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.

5. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- ☐ *a.* If a person is a proprietor and a non-citizen, a certified copy of their passport. If the passport is not in English it should be accompanied by a certified translation.

**C.440**

☐ *b.* Company proprietor outside Botswana to provide evidence of incorporation in home jurisdiction.

☐ *c.* If the proprietor is a body corporate, a full list of shareholders is required.

6. PROPRIETOR CONSENT

☐ I confirm that the proprietors have consented to be a proprietor for this business name. *Please tick*

7. DECLARATION

Tick to confirm this information

☐ I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by……

Signature…….

Date…….

Completed by:

Postal Address:

*Identity Number:
(For non-citizens Passport number)

Telephone number:

Mobile phone number:

Email address:

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other

**C.442**

FORM C

CERTIFICATE OF REGISTRATION
*(reg. 4)*

Business name…….

I hereby certify that ……..……was registered und
(name of business name)
the Registration of Business Names Act on
the…….
(date of registration)
Proprietor(s)……
(name of proprietor)
Principal place of business…….

Business activities……..

Note: The certificate will record the following changes –

and was registered under the……. on the…….
(date of registration)
and changed its name to…….on the…….
(new business name) (date of change of name)
and was removed from the register on the ……
(date of cancellation)
and was restored to the register on…….
(date of restoration)
Dated at Gaborone this……..
(date certificate was generated)

Registrar's Signature…….

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

FORM D

NOTICE OF CHANGE OF PARTICULARS
*(reg. 5)*

Business name……

Registration number……..

Complete sections where applicable

1. Change of name of business name

a. Name reservation number…..……

b. Date of change……

2. Change of business name details

New business activities……

*(Please record the business activity as per attached list)*

Principal place of business…….

Plot No……....

Ward/Street/Location……..

City/Town/ Village…….

Date of change……

Postal address……

Date of change……..

Renewal reminders: Mobile number…….

Email address address…….....

**C.444**

Date of change…….

Name of business name…….

3. Change of proprietor details

Provide this information in the prescribed format if there are multiple proprietors.

1. PROPRIETOR CEASING TO HOLD OFFICE

| | |
|---|---|
| Name:<br>Address: | Date of Cessation: |
| Name:<br>Address: | Date of Cessation: |
| Name:<br>Address: | Date of Cessation: |

2. APPOINTMENT OF NEW PROPRIETOR

Complete this information if the proprietor is an individual

| | |
|---|---|
| *Identity Number:<br>Non-citizens Passport number<br><br>First, Middle & Last Name<br>Nationality: | Residential address:<br><br>Postal address: |
| *Identity Number:<br>Non-citizens Passport number<br><br>First, Middle & Last Name<br>Nationality: | Residential address:<br><br>Postal address: |

Complete this information if the proprietor is a company registered in Botswana

| | |
|---|---|
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address: |

| | |
|---|---|
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address: |

Complete this information if the proprietor is a body corporate

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Country of Registration: | *Registered Office address:<br><br>Postal address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.

**C.446**

Business name…….

Name……

3. CHANGE OF NAME OR ADDRESS OF PROPRIETOR

Complete only those details that apply.

Name

Former Name

Identity/Passport Number

Former Identity/Passport Number

Nationality

Former Nationality

Residential or Registered Office

Residential or Registered Office

New Postal & Contact Details

Postal Address:

Former Postal & Contact Details

Postal Address:

Date of change

4. CHANGE OF NAME OR ADDRESS OF PROPRIETOR

* Complete only those details that apply.

Name

Former Name

Identity/Passport Number

Former Identity/Passport Number

Nationality

Former Nationality

Residential or Registered Office

Residential or Registered Office

New Postal & Contact Details

Postal Address:

Former Postal & Contact Details

Postal Address:

Date of Change……

Name of business name……

Registration number…….

**C.448**

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other

5. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

a) If the proprietor is newly appointed or has changed their name and is a non-citizen, a certified copy of their passport. If the passport is not in English it should be accompanied by a certified translation.

b) Company proprietor outside Botswana to provide evidence of incorporation in home jurisdiction.

c) If the newly appointed proprietor is a body corporate, a full list of shareholders is required.

6. PROPRIETOR CONSENT

☐ I confirm that the proprietors have consented to be a proprietor for this business name.

*Please tick*

7. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by……

Signature……

Date……

**C.450**

FORM E

NOTICE OF CANCELLATION OF BUSINESS NAME
*(reg. 6)*

Business name……

1. APPLICANT DETAILS

I……
…… (insert full name) being:

** Tick where applicable*

☐ * A proprietor of the above business name to make this application, or

☐ * An agent authorised for the above business name to make this application

2. CANCELLATION DETAILS

The above named business name has ceased to carry on business in Botswana as from

Reasons for Cancellation:

3. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

☐ a. Affidavit from all willing parties to cease the business if person applying for cessation is not a proprietor

☐ b. Copy of National ID or Passport for every non-citizen proprietor

☐ c. Proprietor outside Botswana to provide evidence of incorporation

4. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by……

Signature…….

Date…….

Completed by:

Postal Address:

*Identity Number:

Telephone number:

Mobile phone number:

Email address:

**C.452**

FORM F

RESTORATION OF BUSINESS NAME TO THE REGISTRAR
*(reg. 7)*

Business name……..

1. DETAILS OF BUSINESS NAME:

Business Activities:

(Please record the business activity as per attached list)

Principal Place of Business:

Plot Number:

Ward/Street:

Postal Address:
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Renewal Reminders:
The Registrar will send courtesy reminders to the business.

Sms:

2. PARTICULARS OF INDIVIDUAL PROPRIETOR

The following persons are the proprietors of the business name. Provide this information in the prescribed format for every proprietor of the business name.

*Complete this information if the proprietor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality: | Residential address:<br><br>Postal address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality: | Residential address:<br><br>Postal address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender: | Residential address:<br><br>Postal address:<br><br>Date of Appointment: |

Name of Business Name……..

3. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the business name.

*Complete this information if the proprietor is a 'company' registered in Botswana*

| | |
|---|---|
| UIN:<br>Company Name: | Registered Office address: |
| UIN:<br>Company Name: | Registered Office address: |

*Complete this information if the proprietor is a body corporate*

| | |
|---|---|
| Entity Number:<br>Entity Name:<br>Country of Registration:<br>Registered Office address: | Name of Representative:<br>Phone Number:<br>Email address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

4. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- ☐ a. If the person is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- ☐ b. Company proprietor registered outside Botswana to provide evidence of incorporation in home jurisdiction.

5. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making false statement or misleading representation or omission is an offence under the Registration of Business Name Act.

Signed By…….

Signature: …….

Date……..

Completed by:

Postal Address:

*Identity Number:

Telephone:

Mobile:

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other

**C.456**

FORM G

RENEWAL OF BUSINESS NAME
*(reg. 8)*

Business name……

Registration number……

1. DETAILS OF BUSINESS NAME:

Business Activities……..

(Please record the business activity as per attached list)

Principal Place of business:

Plot number:

Ward/Street/Location:

City/ Town/Village:

Postal Address:
(Postal address to which Communication from The Registrar may be sent)

Telephone number:

Renewal Reminder:
The Registrar will send courtesy reminders to the business.

Mobile number:
Email address:

Business name details confirmation ☐ I certify that the business name details provided above are correct

2. PARTICULARS OF INDIVIDUAL PROPRIETORS

The following persons are the proprietors of the business name. Provide this information in the prescribed format for every proprietor of the business name.

Complete this information if the proprietor is an individual

*Identity Number:
(*For non-citizens Passport number)

First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residual address:

Postal address:

*Identity Number:
(*For non-citizens Passport number)

First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

*Identity Number:
(*For non-citizens Passport number)

First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

**C.458**

3. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the proposed business name. Provide this information in the prescribed format for every proprietor of the business name.

Complete this information if the proprietor is a registered company in Botswana

| | |
|---|---|
| Company Name:<br>Registration Number: | Registered Office address:<br><br>Postal address: |

| | |
|---|---|
| Company Name:<br><br>Registration Number: | Registered Office address:<br><br>Postal address: |

Complete this information if the proprietor is a body corporate

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Country of Registration: | Registered Office address:<br><br>Postal address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.

Proprietor Details ☐ I certify that the proprietor details provided above are correct

Confirmation: Place a tick in the appropriate box to confirm details

4. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

If the proprietor is a body corporate a full list of shareholders is required.

5. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by……

Signature…….

Date……..

Completed by:

Postal Address:

*Identity Number:

Telephone number:

Mobile phone number:

Email address:

**C.460**

FORM H

APPLICATION FOR EXTENSION OF TIME
(*reg. 9*)

Business Name:……

Service requested for extension:……..

Name reservation ☐

Cancellation of business ☐

Registration of changes ☐

Period requested for extension:……..

Reasons for extension:……..

Authorised agent:……..

Declaration:……

Signed by:……..

Signature:…….

Date:…….

SCHEDULE 2

FEES

(*reg. 2, 3, 5, 6, 7, 8, 9 and 10*)

| TYPE OF TRANSACTION | ONLINE FEE | WALK-IN FEE | PENALTY FEE |
|---|---|---|---|
| Application for Reservation of Business Name | P20 | P60 | None |
| Notice of intention to register | P150 | P450 | None |
| Notice of Change of Particulars of a Business Name | No fee | P500 | Yes |
| Notice of Change of Name | No fee | P500 | Yes |
| Notice of Cancellation of Business | P150 | P300 | Yes |
| Renewal of a Business Name | P500 | P1,000 | None |
| Application to Restore a Business Name to the register | P1,000 | P1,500 | None |
| Application for extension of time | P50 | P100 | None |
| Inspection of the register or any document | No fee | P150 | None |
| Provision of a certified copy of a certificate or an extract from any document | No fee | P250 | None |

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 68 of 2019*

COMPANIES RE-REGISTRATION ACT
(Act No. 24 of 2018)

# COMPANIES RE-REGISTRATION REGULATIONS, 2019

(*Published on 24th May, 2019*)

ARRANGEMENT OF REGULATIONS

REGULATION
1. Citation and commencement
2. Application for re-registration of a close company
3. Application for re-registration of an external company
4. Application for re-registration of a company limited by guarantee
5. Application for re-registration of a public or private company
6. Application for re-registration of a foreign company
7. Certificate of incorporation
SCHEDULES

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 9 of the Companies Re-registration Act, 2018, the following Regulations are hereby made —

Citation and commencement

**1.** These Regulations may be cited as the Companies Re-registration Regulations, 2019 and shall come into operation on 3rd June, 2019.

Application for re-registration of a close company

**2.** (1) An applicant shall apply to the Registrar for re-registration of a close company in the Re-registration of a close company Form as set out in Schedule 1.

(2) Where, after consideration of an application under subregulation (1), the Registrar is satisfied that all requirements of the Act have been duly complied with, he or she shall issue a new certificate of incorporation as set out in Schedule 2.

Application for re-registration of an external company

**3.** (1) An applicant shall apply to the Registrar for re-registration of an external company in the Re-registration of an external company Form as set out in Schedule 1.

(2) Where, after consideration of an application under subregulation (1), the Registrar is satisfied that all requirements of the Act have been duly complied with, he or she shall issue a certificate of registration as set out in Schedule 2.

Application for re-registration of a company limited by guarantee

**4.** (1) An applicant shall apply to the Registrar for re-registration of a company limited by guarantee in the Re-registration of a company limited by guarantee Form as set out in Schedule 1.

(2) Where, after consideration of an application under subregulation (1), the Registrar is satisfied that all requirements of the Act have been duly complied with, he or she shall issue a certificate of incorporation as set out in Schedule 2.

Application for re-registration of a public or private company

**5.** (1) An applicant shall apply to the Registrar for re-registration of a public or private company in the re-registration of a public or private company Form as set out in Schedule 1.

(2) Where, after consideration of an application under subregulation (1), the Registrar is satisfied that all requirements of the Act have been duly complied with, he or she shall issue a certificate of incorporation as set out in Schedule 2.

Application for re-registration of a foreign company

**6.** (1) An applicant shall apply to the Registrar for the re-registration of a foreign company as set out in Schedule 1.

(2) Where, after consideration of an application under subregulation (1), the Registrar is satisfied that all requirements of the Act have been duly complied with and having entered particulars in the Companies register in terms of section 21(1) of the Companies Act, he or she shall issue a certificate of registration as set out in Schedule 2.

Cap. 42:01

Certificate of incorporation

**7.** Where, after consideration of an application under these Regulations the Registrar is satisfied that all requirements of the Act have been duly complied with, and having entered particulars in the Companies register in terms of section 22 of the Companies Act, he or she shall issue a certificate of incorporation as set out in Schedule 2.

**C.464**

SCHEDULE 1

FORM A
*(regulation 2)*

APPLICATION FOR RE-REGISTRATION OF A CLOSE COMPANY

Name of company……..

Company number…….

1. COMPANY CONSTITUTION
(Tick ✓ where applicable)

☐ The company will have a constitution on re-registration or

☐ The company will not have a constitution on re-registration

2. DETAILS OF COMPANY:

| | |
|---|---|
| Registered Office: | Registered Office address: |
| Postal Address & Contact Number:<br>(Postal address to which communications from the Registrar may be sent) | Postal Address:<br><br>Contact Number: |

| | |
|---|---|
| Annual Return Reminders: The Registrar will send courtesy reminders to the company | Mobile Number:<br><br>Email Address: |
| Principal Place of Business: | Plot Number:<br><br>Ward / Street / Location: |
| Address for records / Share register: (if not kept at the company's registered office) | Plot Number:<br><br>Ward / Street / Location: |

3. MEMBER DETAILS

Provide this information in the prescribed format for every member of the company. The following persons are the members of the company:
(Tick ✓ in the appropriate box)

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens passport number)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of birth:<br>Mobile telephone number:<br>Email address:<br>Beneficial owner: Yes ☐ No ☐ | Residential Address:<br><br>Postal Address: |

**C.466**

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens passport number)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of birth:<br>Mobile telephone number:<br>Email address:<br>Beneficial owner: Yes ☐ ☐ | Residential Address:<br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport number)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of birth:<br>Mobile telephone number:<br>Email address:<br>Beneficial owner: Yes ☐ ☐ | Residential Address:<br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport number)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of birth:<br>Mobile telephone number:<br>Email address:<br>Beneficial owner: Yes ☐ ☐ | Residential address:<br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport number)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of birth:<br>Mobile telephone number:<br>Email address:<br>Beneficial owner: Yes ☐ ☐ | Residential address:<br><br>Postal Address: |

4. BENEFICIAL OWNER

Provide this information only where the company has a beneficial owner and that beneficial owner is not a member of the company.

| |
|---|
| Name:<br><br>Postal Address: |

Provide this information in the prescribed format for every member of the company. The following person is the Accounting Officer of the company:
(Complete this information if the Accounting Officer is an individual)

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport number)<br>First, Middle & Last Name:<br>Nationality:<br>Gender: | Residential address:<br><br><br><br>Postal Address: |

Complete this information if the Accounting Officer is a 'body corporate'

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Name of Representative:<br>Phone Number: | Registered Office address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

5. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:
(Tick ✓in the appropriate box where applicable)

☐ If the company has a constitution, a document certified as the company's constitution.

☐ If the member or accounting officer is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation

6. BUSINESS ACTIVITY
(Tick ✓in the appropriate box to confirm)

☐ I confirm that the proposed company is not being established for or will carry on the business of banking or insurance.

**C.468**

7. DECLARATION
(Tick ✓in the appropriate box to confirm this information)

☐ I confirm each member and accounting officer has signed a consent form to act as a member or accounting officer. The consent form is held at the proposed company's registered office and the Registrar may request to view this consent form at any time.

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making a false statement or a misleading representation or omission is an offence under section 496 of the Companies Act.

Signed by……

Signature…….

Date…….

Completed by:

Postal Address:

*Identity Number:

Telephone Number:

Mobile Telephone Number:

Email Address:

FORM B
*(regulation 3)*

APPLICATION FOR RE-REGISTRATION OF AN EXTERNAL COMPANY

Name of company……..

Company number…….

Country in which company is incorporated…….

1. COMPANY CONSTITUTION
(Tick where applicable)

2. COMPANY DETAILS:

| | |
|---|---|
| Registered Office: | Plot Number:<br><br>Ward / Street / Location: |
| Postal Address & Contact Number:<br>(Postal address to which Communications from the Registrar may be sent) | Address: |
| Annual Return Reminders:<br>The Registrar will send courtesy reminders to the company. | Mobile Telephone Number:<br><br>Email Address: |

**C.470**

| | |
|---|---|
| Principal Place of Business: | Plot Number:<br><br>Ward / Street / Location: |

3. AUTHORISED AGENT

The following person is authorised to accept service in Botswana of documents on behalf of the company.
(Complete this information if the agent is an individual)

| | |
|---|---|
| *Identity Number:<br><br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name<br><br>Nationality:<br><br>Gender:<br><br>Date of Birth:<br><br>Mobile Telephone Number:<br><br>Email Address: | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |

(Complete this information if the agent is a 'body corporate')

| | |
|---|---|
| Company Name:<br><br>Registration Number:<br><br>Name of Representative:<br><br>Phone Number:<br><br>Email Address: | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

4. DIRECTORS

Provide this information in the prescribed format for every director of the company. The following persons are the directors of the company:

| | |
|---|---|
| *Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |

**C.472**

5. SHAREHOLDERS

Provide this information in the prescribed format for every shareholder of the company. The following persons are the shareholders of the company:
Complete this information if the shareholder is an individual

| | |
|---|---|
| *Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br>Postal Address: |
| Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br>Postal Address: |
| Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br>Postal Address: |

Complete this information if the shareholder is a 'body corporate'

(Tick ✓in the appropriate box)

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br><br>Shares Jointly Held: ☐ Yes ☐ No<br><br>Nominee Shareholder: ☐ Yes ☐ No<br><br>Beneficial Owner: ☐ Yes ☐ No | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: ☐ Yes ☐ No<br><br>Nominee Shareholder: ☐ Yes ☐ No<br><br>Beneficial Owner: ☐ Yes ☐ No | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: ☐ Yes ☐ No<br><br>Nominee Shareholder: ☐ Yes ☐ No<br><br>Beneficial Owner: ☐ Yes ☐ No | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

6. BENEFICIAL OWNER

Provide this information only where the company has a beneficial owner and the beneficial owner is not a shareholder of the company.

| |
|---|
| Name:<br><br>Postal Address: |

7. AUDITOR

The following person is the auditor of the company:
(Complete this information if the auditor is an individual)

| | |
|---|---|
| *Identity Number:<br>(*Passport Number applicable to non-citizens only)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Date of Appointment: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

8. ACCOMPANYING DOCUMENTS
((Tick ✓in the appropriate box to confirm)

The following documents must accompany this form:

☐ (a) A duly authenticated copy of the certificate of its incorporation or registration in its place of incorporation or origin

☐ (b) Articles or other instrument constituting or defining its constitution. If this is not in English it should be accompanied by a certified translation.

☐ (c) If the director, shareholder, agent or auditor is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.

☐ (d) A Certificate of Good Standing. If this is not in English it should be accompanied by a certified translation.

9. DECLARATION
(Tick ✓to confirm this information)

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making a false statement or a misleading representation or omission is an offence under section 496 of the Companies Act.

Signed by:

Signature …….. Date ……

Completed by:

Postal Address:

*Identity Number:

(For non-citizens Passport Number)

Telephone Number:

Mobile Telephone Number:

Email Address:

**C.476**

FORM C
*(regulation 4)*

APPLICATION FOR RE-REGISTRATION OF A COMPANY LIMITED BY GUARANTEE

Name of company……..

Company number…….

(Tick where appropriate)

Type of Company: ☐ Private Company ☐ Public Company

If the company is a private, please indicate whether it is a non-exempt company or an exempt company.

(Tick ✓in the appropriate box)

☐ Non-exempt company ☐ Exempt Company

Note: A private company shall qualify as an exempt private company if-

(*a*) its total assets are less than P5 000 000 in the preceding financial year; and

(*b*) its annual turnover is less than P10 000 000 in the preceding financial year.

1. COMPANY CONSTITUTION

(Tick ✓ in the appropriate box)

☐ The company must have a constitution on re-registration

2. DETAILS OF PROPOSED COMPANY:

Business Activities: ☐ Commerce ☐ Art ☐ Science ☐ Religion

☐ Charity Other _____
(Please specify)

| | |
|---|---|
| Registered Office: | Plot Number:<br>Ward / Street / Location:<br>City / Town / Village |
| Postal Address & Contact Number:<br>(Postal address to which Communications from the Registrar may be sent) | Address: |
| Annual Return Reminders:<br>The Registrar will send courtesy reminders to the company. | Mobile Telephone Number:<br>Email Address: |
| Principal Place of Business: | Plot Number:<br>Ward / Street / Location: |
| Address for Records:<br>(if not kept at the Company's registered office) | Plot Number:<br>Ward / Street / Location: |

3. DIRECTORS

Provide this information in the prescribed format for every director of the proposed company.

**C.478**

The following persons are the directors of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Postal Address: |

You must have at least one director resident in Botswana and public companies must have a minimum of two directors.

4. SECRETARY

Provide this information in the prescribed format for every secretary of the company. The following person is the secretary of the company:
Complete this information if the secretary is an individual

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |

Complete this information if the secretary is a 'body corporate'

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

5. MEMBERS

Provide this information in the prescribed format for every member of the company. The following persons are members of the company:
Complete this information if the member is an individual

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |

**C.480**

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |

Complete this information if the member is a 'body corporate'

| | |
|---|---|
| Name of Company:<br><br>Registration number:<br><br>(Tick ✓ in the appropriate box)<br><br>Beneficial owner: ☐ Yes ☐ No | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Name of Company:<br><br>Registration Number:<br><br>(Tick ✓ in the appropriate box)<br><br>Beneficial owner: ☐ Yes ☐ No | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |

| | |
|---|---|
| Name of Company:<br><br>Registration Number:<br><br>(Tick ✓ in the appropriate box)<br><br>Beneficial owner: ☐ Yes ☐ No | Registered Office Address:<br><br>Postal Address:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

6. BENEFICIAL OWNER

Provide this information only where the company has a beneficial owner and the beneficial owner is not a shareholder of the company.

| |
|---|
| Name:<br><br>Postal Address: |

7. AUDITOR

The following person is the auditor of the company:
(Complete this information if the auditor is an individual)

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br>Date of Appointment: |

Complete this information if the auditor is a 'body corporate'

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Registered Office Address:<br><br>Date of Appointment: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

8. ACCOMPANYING DOCUMENTS
(Tick ✓in the appropriate box to confirm)

The following documents must accompany this form:

☐ (a) Constitution, a document certified as the company's constitution.

☐ (b) If the member or tax agent is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.

9. DECLARATION
(Tick ✓in the appropriate box)

☐ I confirm each member, secretary, director or auditor has signed a consent form to act as a member or secretary or auditor. The consent form is held at the proposed company's registered office and the Registrar may request to view this consent form at any time.

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making a false statement or a misleading representation or omission is an offence under section 496 of the Companies Act.

Signed by:

Signature …….. Date ……

Completed by:

Postal Address:

*Identity Number:

(For non-citizens Passport Number)

Telephone Number:

Mobile Telephone Number:

Email Address:

**C.484**

FORM D
*(regulation 5)*

APPLICATION FOR RE-REGISTRATION OF A PUBLIC OR PRIVATE COMPANY

Name of company……..

Company number…….

(Tick ✓in the appropriate box)

Type of Company: ☐ Private Company ☐ Public Company

If the company is a private, please indicate whether it is a non-exempt company or an exempt company.

(Tick ✓in the appropriate box)

☐ Non-exempt company ☐ Exempt Company

Note: A private company shall qualify as an exempt private company if-

(*a*) its total assets are less than P5 000 000 in the preceding financial year; and

(*b*) its annual turnover is less than P10 000 000 in the preceding financial year.

1. COMPANY CONSTITUTION

(Tick ✓ in the appropriate box)

☐ The company will have a constitution on re-registration

☐ The company will not have a constitution on re-registration

2. DETAILS OF PROPOSED COMPANY:

Registered Office:

| | |
|---|---|
| Postal Address & Contact Number:<br>(Postal address to which Communications from the Registrar may be sent) | Address: |
| Annual Return Reminders:<br>The Registrar will send courtesy reminders to the company. | Mobile Telephone Number:<br><br>Email Address: |
| Principal Place of Business: | Plot Number:<br><br>Ward / Street / Location: |
| Address for Records:<br>(if not kept at the Company's registered office) | Plot Number:<br><br>Ward / Street / Location: |

3. DIRECTORS

Provide this information in the prescribed format for every director of the proposed company.

The following persons are the directors of the proposed company:

**C.486**

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br><br><br><br><br>Postal Address: |

You must have at least one director resident in Botswana and public companies must have a minimum of 2 directors.

4. SECRETARY

Provide this information in the prescribed format for every secretary of the company. The following person is the secretary of the company:

Complete this information if the secretary is an individual

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender: | Residential Address:<br><br><br><br>Postal Address: |

| | |
|---|---|
| Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Date of Appointment: |

Complete this information if the secretary is a 'body corporate'

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if you are a public company then provide the top 10 shareholders.

5. SHAREHOLDERS

Total Number of company shares: .....

(Tick ✓in the appropriate box)

Public company: Yes ☐

No ☐

Provide this information in the prescribed format for every shareholder of the company. The following persons are shareholders of the company.

Complete this information if the member is an individual.

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address: | Residential Address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |

**C.488**

| | |
|---|---|
| (Tick ✓ in the appropriate box)<br>Number of shares issued: ……..<br><br>Shares jointly held: ☐ Yes ☐ No<br><br>Nominee of shareholder: ☐ Yes ☐ No<br><br>Beneficial owner: ☐ Yes ☐ No | |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br>Number of shares issued: ……..<br><br>Shares jointly held: ☐ Yes ☐ No<br><br>Nominee of shareholder: ☐ Yes ☐ No<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br>Number of shares issued: ……..<br><br>Shares jointly held: ☐ Yes ☐ No<br><br>Nominee shareholder: ☐ Yes ☐ No<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email address:<br><br>(Tick ✓ in the appropriate box)<br>Number of shares issued: ……..<br><br>Shares jointly held: ☐ Yes ☐ No<br><br>Nominee shareholder: ☐ Yes ☐ No<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br>Number of shares issued: ……..<br><br>Shares jointly held: ☐ Yes ☐ No<br><br>Nominee shareholder: ☐ Yes ☐ No<br><br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email address:<br><br>(Tick ✓ in the appropriate box)<br>Number of shares issued: …….. | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |

**C.490**

| | |
|---|---|
| Shares jointly held: Yes ☐ No ☐<br>Nominee shareholder: ☐ Yes ☐ No<br>Beneficial owner: ☐ Yes ☐ No | |
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Telephone Number:<br>Email Address:<br><br>(Tick ✓ in the appropriate box)<br>Number of shares issued: ……..<br><br>Shares jointly held: ☐ Yes ☐ No<br>Nominee shareholder: ☐ Yes ☐ No<br>Beneficial owner: ☐ Yes ☐ No | Residential Address:<br><br>Postal Address:<br><br>Date of Appointment: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

6. BENEFICIAL OWNER

Provide this information only where the company has a beneficial owner and the beneficial owner is not a shareholder of the company.

| |
|---|
| Name:<br><br>Postal Address: |

7. AUDITOR

The following person is the auditor of the company:
(Complete this information if the auditor is an individual)

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens Passport Number)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth: | Residential Address: |

| Mobile Telephone Number:<br>Email Address: | Date of Appointment: |
|---|---|

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

8. ACCOMPANYING DOCUMENTS
(Tick ✓in the appropriate box to confirm)

The following documents must accompany this form:

☐ (a) A duly authenticated copy of the certificate of its incorporation or registration in its place of incorporation or origin

☐ (b) Articles or other instrument constituting or defining its constitution. If this is not in English it should be accompanied by a certified translation.

☐ (c) If the director, shareholder, agent or auditor is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.

☐ (d) A Certificate of Good Standing. If this is not in English it should be accompanied by a certified translation.

9. DECLARATION
(Tick ✓in the appropriate box to confirm)

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making a false statement or a misleading representation or omission is an offence under section 496 of the Companies Act.

Signed by:

Signature …….. Date …….

Completed by:

Postal Address:

*Identity Number:

(For non-citizens Passport Number)

Telephone Number:

**C.492**

Mobile Telephone Number:

Email Address:

Form E
*(regulation 6)*

APPLICATION FOR RE-REGISTRATION OF A FOREIGN COMPANY

……
Name of Company

……
Company Number

Country where Company was incorporated ……

Date Company was incorporated ……..

ACCOMPANYING DOCUMENTS

(Tick ✓in the appropriate box to confirm)

The following documents must accompany this application:

☐ (a) A duly authenticated copy of the certificate of its incorporation or registration in its place of incorporation or origin or other similar document that evidences its incorporation;

☐ (b) Articles or other instrument constituting or defining its constitution. If this is not in English it should be accompanied by a certified translation;

☐ (c) A certified copy of the certificate of incorporation A copy of a resolution authorising the re-registration of the company;

☐ (d) A statement whether the company applies to be registered as a company limited by shares, by guarantee or whether as a public or private company;

☐ (e) A certified copy of a document defining its constitution.

☐ (f) A statement of the charges on the company's assets.

☐ (g) Evidence acceptable to the Registrar that the company is not prevented from being registered as a company under section 356 or 357 of the Companies Act;

☐ (h) The documents and information required to register a company under Part II of the Companies Act;

☐ (i) If any of the documents above is not in English, it should be accompanied by a certified translation; and

**C.494**

☐ (j) Any other documents or information the Registrar may require.

(Tick ✓where applicable)

Name of ☐ director or ☐ authorised agent …….

Signature …… Date ……..

Identity Number …….
(Passport number for non-citizens only)

Address of principal place of business in Botswana ……..

……..

Presented by ……

Signature …… Date ……...

Identity Number …….
(Passport number for non-citizens only)

Postal Address ……

Email Address ……

Telephone Number ……

Facsimile Number……

SCHEDULE 2
Form A
*(regulations 2, 3, 4 and 5)*

CERTIFICATE OF REGISTRATION

……
Name of Company

……
Company Number

I hereby certify that ……, a body corporate incorporated

in ……, was registered as an ……..... in Botswana
(country of origin) (entity type)

under the Current/Previous Companies Act on the …… day of ……, ……..

Note: The Certificate will record the following changes: ……...
……..
and was re-registered under the Re-registration Act No. 24 of 2018 on the ……... day of ……, …… and changed its name to ……on the …… day of ……, …….. and was removed from the register on the …… day of ……, …….

GIVEN under my hand at …… this ……day of ……, ……...

……..
Registrar's Signature

Registrar's Name……..

For/REGISTRAR OF COMPANIES

**C.496**

Form B
*(regulation 6)*

CERTIFICATE OF REGISTRATION OF A FOREIGN COMPANY

……
Name of Company

……
Company Number

I hereby certify that ……, a body corporate incorporated
in ……, was registered as a foreign company under the Current/
(country of origin)
Previous Companies Act on the …… day of ……., ……
(tick ✓ which is applicable)

GIVEN under my hand at …… this …….. day of ……., …….

……..
Registrar's Signature

Registrar's Name……..

For/REGISTRAR OF COMPANIES

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

Form C
*(regulation 7)*

CERTIFICATE OF INCORPORATION

……
Name of Company

……
Company Number

I hereby certify that ……, was incorporated as an
…… in ……..
(entity type) (country of origin)

under the Current / Previous Companies Act on the …… day of ……., ……
(tick ✓ which is applicable)
and the liability of the members is limited.

Note: The certificate will record the following changes: ……....

……..

and was re-registered under the Re-registration Act No. 24 of 2018 on the ……... day of ……, …… and changed its name to …….on the …… day of ……, …….. and was removed from the register on the ……day of ……, ……. and was restored to the register on the …….. day of ……., ……

GIVEN under my hand at …… this …….. day of ……., …….

……..
Registrar's Signature

Registrar's Name……..

For/REGISTRAR OF COMPANIES

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

*Statutory Instrument No. 69 of 2019*

COMPANIES ACT
(Cap. 42:01)

**COMPANIES (FORMS) REGULATIONS, 2019**
(*Published on 24th May, 2019*)

ARRANGEMENT OF REGULATIONS

REGULATION
1. Citation and commencement
2. Prescribed Forms
3. Revocation of S.I. No. 23 of 2007
SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 528 of the Companies Act, the following Regulations are hereby made —

Citation and Commencement

**1.** These Regulations may be cited as the Companies (Forms) Regulations, 2019 and shall come into force on the 3rd June, 2019.

Prescribed forms

**2.** (1) An application for a reservation of company name in terms of section 32 (2) of the Act shall be in Form 1 set out in the Schedule.

(2) An application for registration of a company limited by shares in terms of section 21 (1) of the Act shall be in Form 2 set out in the Schedule.

(3) A consent of director of a proposed company in terms of section 21 (1) of the Act shall be in in Form 3 set out in the Schedule.

(4) A consent of shareholder of a proposed company in terms of section 21 (1) of the Act shall be in Form 4 set out in the Schedule.

(5) An application for registration of a close company in terms of section 21(1) of the Act shall be in Form 5 set out in the Schedule.

(6) A consent of a member of a proposed close company in terms of section 21(1) of the Act shall be in Form 6 set out in the Schedule.

(7) An application for registration of a company limited by guarantee in terms of section 21(1) of the Act shall be in Form 7 set out in the Schedule.

(8) A consent of a member of a proposed company limited by guarantee in terms of section 21(1) of the Act shall be in Form 8 set out in the Schedule.

(9) A certificate of —

(*a*) incorporation issued in terms of section 22 (*c*) of the Act;

(*b*) incorporation recording change of name in terms of section 34 (4) (*b*) of the Act; and

(*c*) amalgamation in terms of section 227 (1) of the Act, shall be in Form 9 set out in the Schedule.

(10) An application to change the name of a company in terms of section 34 (1) (*a*) of the Act shall be in Form 10 set out in the Schedule.

(11) A notice of adoption, alteration or revocation of the constitution of a company in terms of section 43 (4) of the Act shall be in Form 11 set out in the Schedule.

(12) A notice of issue of shares in terms of section 50 (1) and (4) (*a*) of the Act shall be in Form 12 set out in the Schedule.

(13) A notice of calls on shares in terms of section 55 (1) of the Act shall be in Form 13 set out in the Schedule.

(14) A notice of transfer of shares in terms of sections 48 (3A) and 81 of the Act shall be in Form 14 set out in the Schedule.

(15) A notice of acquisition or redemption of shares by a company in terms of section 66 (8) of the Act shall be in Form 15 set out in the Schedule.

(16) A notice of the place where share registers are kept in terms of section 84 (3) (*a*) of the Act and where accounting records are kept in terms of section 190 (2) of the Act shall be in Form 16 set out in the Schedule.

(17) A notice of change of directors in terms of section 155 of the Act shall be in Form 17 set out in the Schedule.

(18) A notice of change of secretaries in terms of section 155 of the Act shall be in Form 18 set out in the Schedule.

(19) A consent of a secretary in terms of section 161 (2) of the Act shall be in Form 19 set out in the Schedule.

(20) A notice of appointment of accounting officer of a close company in terms of section 273(2) of the Act shall be in Form 20 set out in the Schedule.

(21) A notice of change of registered office in terms of section 184 (2) of the Act and change in principal place of business shall be in Form 21 set out in the Schedule.

(22) A statement of particulars of charges in terms of section 125 (1) of the Act shall be in Form 22 set out in the Schedule.

(23) A notice of subdivision or consolidation of shares in terms of section 51(3) of the Act shall be in Form 23 set out in the Schedule.

(24) A consent of a director of an amalgamated company in terms of section 226 (*f*) of the Act shall be in Form 24 set out in the Schedule.

(25) A consent of a secretary of an amalgamated company in terms of section 226 (*f*) of the Act shall be in Form 25 set out in the Schedule.

(26) A certificate of directors in favour of the amalgamation in terms of section 224 (2) and 225 (5) of the Act shall be in Form 26 set out in the Schedule.

(27) A notice of changes to particulars of a company limited by guarantee in terms of sections 244 (2) and 261 shall be in Form 27 set out in the Schedule.

(28) A notice of changes to particulars of a close company in terms of section 261 of the Act shall be in Form 28 set out in the Schedule.

(29) A notice of appointment of an auditor in terms of section 191 (1) of the Act shall be in Form 29 set out in the Schedule.

(30) A notice of failure to appoint or re-appoint auditor of a company in terms of section 191 (4) of the Act shall be in Form 30 set out in the Schedule.

(31) A request to remove the company from the register in terms of section 331 (*d*) of the Act shall be in Form 31 set out in the Schedule.

(32) A return of change or alteration of particulars of an external company in terms of section 347 (1) of the Act shall be in Form 32 set out in the Schedule.

(33) A notice of cessation of business in Botswana lodged by an external company in terms of section 352 (1) of the Act shall be in Form 33 set out in the Schedule.

(34) An application for registration and continuation of a foreign company in Botswana in terms of section 355 (1) of the Act shall be in Form 34 set out in the Schedule.

(35) A certificate of registration of a foreign company issued in terms of section 358(1)(b) of the Act shall be in Form 35 set out in the Schedule.

(36) An application for registration of an external company in Botswana in terms of section 345 of the Act shall be in Form 36 set out in the Schedule.

(37) A certificate of registration of an external company issued in terms of section 345 (2) of the Act and certificate of alteration of particulars of an external company in terms of section 348 (1) of the Act shall be in Form 37 set out in the Schedule.

(38) An application for registration of a statutory corporation as a company in terms of section 355 (4) and (5) of the Act shall be in Form 38 set out in the Schedule.

(39) A certificate of registration of a statutory corporation as a company issued in terms of section 358 (1) (*b*) of the Act shall be in Form 39 set out in the Schedule.

(40) An application for removal of a company from the register where it has transferred incorporation from Botswana to another country in terms of section 360 (2) of the shall be in Form 40 set out in the Schedule.

(41) A form of special resolution in terms of section 96 of the Act shall be in Form 41 set out in the Schedule.

(42) An application for conversion of a company limited by shares into a company limited by guarantee in terms of section 277 (2) (*b*) of the Act shall be in Form 42 set out in the Schedule.

(43) An application conversion of a private company into a close company in terms of section 278 (2) of the Act shall be in Form 43 set out in the Schedule.

(44) An application for conversion of a close company into a private company in terms of section 279 of the Act shall be in Form 44 set out in the Schedule.

(45) An application for conversion of a private company into a public company limited by shares in terms of section 280 of the Act shall be in Form 45 set out in the Schedule.

(46) An application for conversion of a public company into a private company limited by shares in terms of section 280 of the Act shall be in Form 46 set out in the Schedule.

(47) A form of annual return of a private or public company limited by shares in terms of section 217 of the Act shall be in Form 47 set out in the Schedule.

(48) A form of annual return of a close company in terms of section 217 of the Act shall be in Form 48 set out in the Schedule.

(49) A form of annual return of a company limited by guarantee in terms of section 217 of the Act shall be in Form 49 set out in the Schedule.

(50) A form of annual return of an external company in terms of section 217 of the Act shall be in Form 50 set out in the Schedule.

(51) An application to restore a company to the register in terms of section 341 and 252 (6) of the Act shall, where the application is in relation to a company removed from the register for failure to —

(*a*) file an annual return, be in Form 51 set out in the Schedule 3; or

(*b*) re-register in terms of the Companies Re-Registration Act, be in Form 52 set out in the Schedule.

Act No. 24 of 2018

(52) A notice of adoption of a balance sheet date of a company shall be in Form 53 set out in the Schedule.

**3.** The Companies (Forms) Regulations are hereby revoked.

Revocation of S.I. No. 23 of 2007

**C.502**

SCHEDULE
FORM 1

**Application for**
**RESERVATION OF A COMPANY NAME**
(section 32(2))

**Proposed Company Name**

**(Please ensure that the information provided on this form is legible)**

**Type of Company:**
(Please tick one of the boxes)

**Private Company** ☐ **Public Company** ☐
**Close Company** ☐ **Company Ltd by Guarantee** ☐
**External Company** ☐

**Purpose:**
(Please tick one of the boxes)

**New Company Incorporation** ☐ OR **Change of Name** ☐

**ACCOMPANYING DOCUMENTS**

The following documents may accompany this form:
*Tick where applicable*

☐ a. Consent from another company or business name or from relevant authorities (eg Central Bank etc)to the use of the name

☐ b. Any supporting information to assist the Registrar

**Presented By:**

**Signature:** ..... **Date**

**IMPORTANT INFORMATION**

The Registrar of Companies must not reserve a name -

- the use of which would contravene the Banking Act or any other enactment; or
- that is identical or almost identical to the name of another local or external company or business name unless consent has been obtained to use the name; or
- that is identical or almost identical to a local or external company name or business name that has already been reserved and that is still available for registration unless consent has been obtained to use the name; or
- that, in the opinion of the Registrar, is calculated to mislead the public or cause offence.

The Registrar will advise the presenter by notice as to whether or not the Registrar has reserved the name. If the name has been reserved, then, unless the reservation is sooner revoked by the Registrar, the name is available for registration of a company with that name or on a change of name for 30 working days after that date stated in the notice.

A company name reservation does not provide any proprietary rights or interests in the name.
Note: The Companies Amendment Act prevents the word 'Botswana' from being used at the start of a company name except with the Minister's written consent.

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 2

**Application for**
**REGISTRATION OF A PRIVATE OR PUBLIC COMPANY**
(section 21(1))

**Name of Proposed Company**

**Name Reservation No**
*If Applicable*

**Type of Company:** **Private Company** ☐ **Public Company** ☐

**1. CONSTITUTION:**
**Do you have a Constitution?** Yes or No

**2. COMPANY ADDRESSES:**

**Registered Office:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone Number:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

Mobile Number:
Email Address:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**3. DIRECTORS**

Provide this information in the prescribed format for every director of the proposed company.
The following persons are the directors of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |
| *<br>Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |

You must have at least one director resident in Botswana and public companies must have a minimum of 2 directors.

**4. SECRETARY (optional)**

Provide this information in the prescribed format for every secretary of the proposed company.
The following person is the secretary of the proposed company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>Registration Number:<br><br>Name of Representative:<br>Phone Number:<br>Email address: | Registered Office address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

## 5. SHAREHOLDERS

**Total Number of Company Shares:**

Provide this information in the prescribed format for every shareholder of the proposed company. The following persons are the shareholders of the proposed company:

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Consideration of Shares: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Consideration of Shares: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Consideration of Shares: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Consideration of Shares: |

**SHAREHOLDERS (Continued)**

Provide this information in the prescribed format for every shareholder of the proposed company. The following persons are the shareholders of the proposed company:

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | *Registered Office address:<br><br><br>Postal Address:<br><br>Consideration of Shares: |
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | *Registered Office address:<br><br><br>Postal Address:<br><br>Consideration of Shares: |
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | *Registered Office address:<br><br>Postal Address:<br><br>Consideration of Shares: |
| Company Name:<br>Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br>Beneficial owner: Yes or No | *Registered Office address:<br><br><br>Postal Address:<br><br>Consideration of Shares: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**6. BENEFICIAL OWNER**

Provide this information only where the company has a beneficial owner and that beneficial owner is not a shareholder of this company.

| |
|---|
| Name:<br>Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>Postal Address: |

**7. TAX AGENT**

The Government is introducing reforms to enable the ease of doing business in Botswana. Every company must have a person who will be the primary contact person for tax matters. This information will be made available to the Botswana Unified Revenue Service (BURS). Should any of this information change after the company is incorporated the company will need to contact BURS directly. Note: The tax agent detail is private information and will not be made available to the public.

The following person is the Tax Agent of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br><br>Postal Address: |

**8. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

*Tick where applicable*

- ☐ a. If the company has a constitution, a document certified by at least 1 applicant as the company's constitution.
- ☐ b. If the director, secretary, shareholder or tax agent is a non-Botswana citizen, a certified copy of their passport. If this is not in English, it should be accompanied by a certified translation.
- ☐ c. Company shareholder outside Botswana to provide evidence of incorporation in home jurisdiction.
- ☐ d. The consent form of every director, secretary and shareholder.

**9. DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed by:**

**Signature:** ……. **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 3

## CONSENT OF DIRECTOR OF PROPOSED COMPANY

(section 21(1))

**Name of** Proposed Company

**Name Reservation No**

*If Applicable*

Important Note: If there is more than one director, each of the directors should fill in a separate form.

**DIRECTOR DETAILS**

**First Name:**

**Middle Name: (if any)**

**Last Name:**

**Residential Address:**

I consent to act as a director of the above proposed company and certify that I am not disqualified from being appointed or holding office as a director of a company.

**Signature** .....

**Date**

## DISQUALIFICATION DETAILS

Please ensure that you are not disqualified from being a director for this company before signing this consent form.

A person cannot be a director of a company if he or she is any of the following:

- under 18 years of age; or
- except with the leave of the court a person whose estate is sequestrated as insolvent or who is an un-rehabilitated insolvent whether in Botswana or elsewhere; or
- a person who is prohibited from being a director or promoter of or being concerned or taking part in the management of a company under sections 500 and 501; or
- except with the leave of the court a person who has been at any time convicted (whether in Botswana or elsewhere) of theft, fraud, forgery or uttering a forged document, or perjury and has been sentenced therefore to serve a term of imprisonment without the option of a fine or to a fine exceeding P5,000; or
- except with the leave of the court a person who has been removed by a competent court from an office of trust on account of misconduct; or
- a person who has been adjudged to be of unsound mind; or

- is not eligible because of requirements contained in the company's constitution (if any).

A person who is not a natural person cannot be a director of a company.

Completed by:

Postal Address:

FORM 4

## CONSENT OF SHAREHOLDER OF PROPOSED COMPANY

(Section 21(1))

**Name of** Proposed Company

**Name Reservation No**

*If Applicable*

Important Note: If there is more than one shareholder, each of the shareholders should fill in a separate form.

**SHAREHOLDER DETAILS**

***Shareholder's name:**

***Shareholder's address:**

**Number of shares held:**

**Are the Shares Jointly Held?** **Yes / No** *Please state Yes or No*

**Are you a nominee shareholder?** **Yes / No** *Please state Yes or No*

**Are you the beneficial owner?** **Yes / No** *Please state Yes or No*

I consent to being a shareholder in the above proposed company and to taking the number of shares specified.

**Signature** .....

**Date**

***** If the shareholder is a natural person, please give their full name and residential address. If the shareholder is a body corporate, please give full name, the address of its registered office, or the address of its principal place of business.

## IMPORTANT INFORMATION

- If the shareholder is a company registered outside Botswana, please attach a Certificate of Incorporation from its home jurisdiction.
- If this consent form has been signed by an agent, it must be accompanied by the instrument authorising the agent to sign it.
- Only one person must complete this form. If the shares are held jointly with others then each shareholder must complete and sign their own form, indicating they own them jointly.

Completed by:

Postal Address:

FORM 5

**Application for**

**REGISTRATION OF A CLOSE COMPANY**

(Section 21(1))

**Name of Proposed Company**

**Name Reservation No**

*If Applicable*

**1. CONSTITUTION:**

**Do you have a Constitution?** Yes or No

**2. DETAILS OF PROPOSED COMPANY:**

**Registered Office:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone Number:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

Mobile Number:

Email Address:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**3. MEMBER DETAILS**

Provide this information in the prescribed format for every member of the proposed company. The following persons are the members of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |

You must have at least one member resident in Botswana and a maximum of 5 members.

## 4. BENEFICIAL OWNER

Provide this information only where the company has a beneficial owner and that beneficial owner is not a member of this company.

| |
|---|
| Name:<br>Identity Number:<br>(*For non-citizens either National ID or Passport)<br>Postal Address: |

## 5. ACCOUNTING OFFICER DETAILS (Optional)

The following person is the Accounting Officer of the proposed company:

*Complete this information if the Accounting Officer is an individual*

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |

*Complete this information if the Accounting Officer is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>Registration Number:<br><br>Name of Representative:<br>Phone Number:<br>Email address: | *Registered Office address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

## 6. TAX AGENT

The government are introducing reforms to enable the ease of doing business in Botswana. Every company must have a person who will be the primary contact person for tax matters. This information will be made available to the Botswana Unified Revenue Service (BURS). Should any of this information change after the company is incorporated the company will need to contact BURS directly. Note: The tax agent detail is private information and will not be made available to the public.

The following person is the Tax Agent of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |

**7. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

*Tick where applicable*

- ☐ a. If the company has a constitution, a document certified by at least 1 applicant as the company's constitution.
- ☐ b. If the member, accounting officer or tax agent is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation
- ☐ c. The consent form of every member and accounting officer.

**8. BUSINESS ACTIVITY**

*Tick to confirm*

☐ I confirm that the proposed company is not being established for or will carry on the business of banking or insurance.

**9. DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 6

**Consent of**

**MEMBER OF A PROPOSED CLOSE COMPANY**

Section 21(1), Companies Act Chapter 42:01

**Name of Proposed Company**

**Name Reservation No**

Important Note: If there is more than one member, each of the members should fill in a separate form.

**MEMBER DETAILS**

**First Name:**

**Middle Name: (if any)**

**Last Name:**

**Residential Address:**

**Percentage of Interest:**

I consent to act as a member of the above proposed company.

**Signature** .....

**Date**

Completed by:

Postal Address:

FORM 7

Application for

**REGISTRATION OF A COMPANY LIMITED BY GUARANTEE**

(section 21(1))

**Name of Proposed Company**

**Name Reservation No**

*If Applicable*

**1. TYPE OF COMPANY**

**Sub Type** (Please tick one of the boxes)

**Public Company** ☐ OR **Private Company** ☐

**2. DETAILS OF PROPOSED COMPANY:**

**Business Activities:**

**Commerce** ☐ **Art** ☐ **Science** ☐ ☐

**Religion**

**Charity** ☐ **Other** ☐

***Please specify***

**Registered Office:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone Number:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

Mobile Number:

Email Address:

**Principal Place of Business:**

Plot Number:

Ward / Street Location:

City / Town / Village:

**3. DIRECTORS**

Provide this information in the prescribed format for every director of the proposed company.

The following persons are the directors of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number: | Residential address:<br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |

You must have at least one director resident in Botswana and public companies must have a minimum of 2 directors.

**4. SECRETARY (optional)**

Provide this information in the prescribed format for every secretary of the proposed company. The following person is the secretary of the proposed company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>Registration Number:<br><br>Name of Representative:<br>Phone Number:<br>Email address: | Registered Office address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**5. MEMBERS**

Provide this information in the prescribed format for every member of the proposed company. The following persons are the member of the proposed company:

*Complete this information if the member is an individual*

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br><br>Postal Address:<br><br>.Date of Appointment: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address:<br>Beneficial owner: Yes or No | Residential address:<br><br><br>Postal Address:<br><br>Date of Appointment: |

**MEMBERS (Continued)**

Provide this information in the prescribed format for every member of the proposed company. The following persons are the member of the proposed company:

*Complete this information if the member is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>Registration Number:<br>Beneficial owner: Yes or No | Registered Office address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Company Name:<br><br>Registration Number:<br><br>Beneficial owner: Yes or No | Registered Office address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Company Name:<br>Registration Number:<br>Beneficial owner: Yes or No | Registered Office address:<br><br>Postal Address:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

## 6. BENEFICIAL OWNER

Provide this information only where the company has a beneficial owner and that beneficial owner is not a member of this company.

Name:
Identity Number:
(*For non-citizens either National ID or Passport)
Postal Address:

## 7. TAX AGENT

The government are introducing reforms to enable the ease of doing business in Botswana. Every company must have a person who will be the primary contact person for tax matters. This information will be made available to the Botswana Unified Revenue Service (BURS). Should any of this information change after the company is incorporated the company will need to contact BURS directly. Note: The tax agent detail is private information and will not be made available to the public.

The following person is the Tax Agent of the proposed company:

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br><br><br>Postal Address: |

## 8. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- ☐ a. Constitution, a document certified by at least 1 applicant as the company's constitution.
- ☐ b. Donors Support Letter (if any)
- ☐ c. Evidence of Previous Business Activity (if any)
- ☐ d. If the secretary, director, member or tax agent is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation
- ☐ e. The consent form of every director, secretary and member

## 9. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

Form 8

**Consent of**

**MEMBER OF A PROPOSED COMPANY LIMITED BY GUARANTEE**

(section 21(1))

**Name of Proposed Company**

**Name Reservation No**

*If Applicable*

Important Note: If there is more than one member, each of the members should fill in a separate form.

**MEMBER DETAILS**

***Member's name**

***Member's address**

I consent to act as a member of the above proposed company and undertake to contribute to the assets of the company, in the event of its being wound up while I am a member, or one year after ceasing to be a member, for payments of debts and liabilities.

**Signature** .....

**Date**

***** If the member is a natural person, please give their full name and residential address. If the member is a body corporate, please give the address of its registered office, or the address of its principal place of business.

## IMPORTANT INFORMATION

- If this consent form has been signed by an agent, it must be accompanied by the instrument authorising the agent to sign it.

Completed by:

Postal Address:

**C.522**

FORM 9

**CERTIFICATE OF INCORPORATION**
(section 22 *(c)*)

**(name of company)**

**UIN (number)**

I hereby certify that <name of company> is this day incorporated under the Companies Act, and that the liability of the members is limited.

Given under my hand this <Date of Incorporation>.

**<Registrar's Signature>**
**Registrar of Companies and Business Name**

FORM 10

**Application to**

**CHANGE NAME OF A PRIVATE OR PUBLIC COMPANY**

(section 34(1*(a)*)

**Name of Existing Company** _____ **UIN** _____

**Type of Company:** **Private Company** ☐ OR **Public Company** ☐

**1. CHANGE OF NAME DETAILS**

**Proposed New Name of Company** _____ **Name Reservation No** _____

*Tick to confirm*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have made all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand making this false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:** _____

**Signature:** ..... **Date** _____

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 11

**Notice of**

# ADOPTION / ALTERATION / REVOCATION OF CONSTITUTION OF A PRIVATE OR PUBLIC COMPANY

(section 43(4))

**Name of Company** _____ **UIN** _____

**Type of Company:** **Private Company** ☐ **Public Company** ☐
(Please tick one of the boxes)

## 1. CONSTITUTION DETAILS

The above named company has:

☐ adopted a constitution**

☐ altered its constitution**

☐ revoked its constitution

Place a tick in the appropriate box

The company **adopted* / altered* / revoked** its constitution on* _____

**Please insert the date on which the company adopted, altered or revoked its constitution (as the case may be).*

## 2. ACCOMPANYING DOCUMENTS

*Tick where applicable*

The following documents must accompany this form:

☐ a. A copy of the ****constitution** is attached to this notice.

## 3. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed by:** _____

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 12

**Notice of**

**ISSUE OF SHARES**

(section 50(1) and (4)(a))

**Name of Company** _____ UIN _____

**1. ISSUE OF SHARES**

The total number of shares prior to this issue _____

The total number of shares in this issue _____

The total number of shares following this issue _____

Date of Issue: _____

**2. SHAREHOLDER DETAILS**

Set out in the table below are particulars of the issue. Provide this information in the prescribed format for every shareholder in the issue.

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Number of Shares Issued<br><br>Residential Address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Number of Shares Issued<br><br>Residential Address:<br><br>Postal Address: |

| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
|---|---|

**2. SHAREHOLDER DETAILS (Continued)**

Set out in the table below are particulars of the issue. Provide this information in the prescribed format for every shareholder in the issue.

*Complete this information if the shareholder is a 'body corporate''*

| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Registered Office:<br><br>Postal Address: |
|---|---|
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Registered Office:<br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**3. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

- ☐ e. If a person is a newly appointed shareholder and is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- ☐ f. If a body corporate registered outside Botswana is a newly appointed shareholder, evidence of incorporation in their home jurisdiction is required.
- ☐ g. The consent form of every newly appointed shareholder.

**4. DECLARATION**

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under Companies Act.**

**Signed By:**

**C.528**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 13

# NOTICE OF CALLS ON SHARES

(section 55(1))

**Name of Company** _____ **UIN** _____

## 1. CALL OF SHARES

Set out below is the amount of the call and the number of shares of the company following the making of the call

| | |
|---|---|
| Number of shares | |
| Amount on the call | |
| Date of Call | |
| The total number of shares following the making of the call | |

## 2. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:** _____

**Signature:** ..... **Date** _____

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 14

**Notice of**

**TRANSFER OF SHARES OF A COMPANY**

(section 48(3A))

**Name of Company** _____ **UIN** _____

**Type of Company:** **Private Company** ☐ OR **Public Company** ☐

**1. TRANSFER OF SHARE DETAILS**

Set out in the table below are particulars of the transfer of shares of the above named company. Provide this information in the prescribed format for every shareholder within the transfer.

**DETAILS FROM WHOM SHARES HAVE BEEN TRANSFERRED FROM**

| **Shareholder Details (Transferor)** | **Shareholder Details (Transferee)** |
|---|---|
| Name:<br><br>Address:<br><br>Postal Address:<br><br>Number of shares transferred:<br>Date of Transfer: | ***INDIVIDUAL**<br>*National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br><br>Residential Address:<br><br>Postal Address: |
| | Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email:<br>Residential Address:<br><br>Postal Address: |
| Name:<br><br>Address:<br><br>Postal Address:<br><br>Number of shares transferred:<br>Date of Transfer: | ***BODY CORPORATE**<br>UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br><br>Registered Office:<br>Postal Address |

**TRANSFER OF SHARE DETAILS (Continued)**

**DETAILS FROM WHOM SHARES HAVE BEEN TRANSFERRED FROM**
**Complete where applicable**

| **Shareholder Details (Transferor)** | **Shareholder Details (Transferee)** |
|---|---|
| Name:<br><br>Address:<br><br>Postal Address:<br><br>Number of shares transferred:<br>Date of Transfer: | ***INDIVIDUAL**<br>*National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br><br>Residential Address:<br><br>Postal Address: |
| | Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email:<br>Residential Address:<br><br>Postal Address: |
| Name:<br><br>Address:<br><br>Postal Address:<br><br>Number of shares transferred:<br>Date of Transfer: | ***BODY CORPORATE**<br>UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No<br><br>Registered Office:<br><br>Postal Address: |

***Complete where applicable**

## 2. LIST OF EXISTING SHAREHOLDERS

Set out below are the name and address of every shareholder of the company including number of shares allocated from the date of this notice.

| Name of Shareholder and Shares Allocated | Physical and Postal Address |
|---|---|
| | |

## 3. ACCOMPANYING DOCUMENTS

*Tick where applicable*

The following documents must accompany this form:

- ☐ a. Copy of Extract from Share Register
- ☐ b. If a person is a newly appointed shareholder and is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.
- ☐ c. If a body corporate registered outside Botswana is a newly appointed shareholder, evidence of incorporation in their home jurisdiction is required
- ☐ d. The consent form of every newly appointed shareholder.

## 4. DECLARATION

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ……. Date

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 15

**Notice of**

**ACQUISITION BY COMPANY OF OWN SHARES OR REDEMPTION OF SHARES**

(sections 66(8))

**Name of Company** _____ UIN _____

**1. ACQUISITION OR REDEMPTION OF SHARES**

The total number of shares prior to acquisition or redemption* _____

The total number of shares in this acquisition or redemption* _____

The total number of shares following this acquisition or redemption* _____

Date of acquisition or redemption* _____
**Delete not applicable*

Shares Cancelled on Acquisition: **Yes** ☐ **No** ☐

**2. SHAREHOLDER DETAILS**

Set out in the table below are particulars of the acquisition or redemption by the above named company of its own shares. Provide this information in the prescribed format for every person / body corporate from whom shares have been acquired or redeemed.

*Complete this information if the shareholder is an individual*

| **PERSONS FROM WHOM SHARES HAVE BEEN ACQUIRED OR REDEEMED**<br>Identity Number:<br><br>(*For non-citizens either National ID or Passport) | Number of Shares Acquired or Redeemed* |
|---|---|

**Delete not applicable*

*Complete this information if the shareholder is a 'body corporate'*

| **BODY CORPORATE FROM WHOM SHARES HAVE BEEN ACQUIRED OR REDEEMED**<br>UIN or Registration Number:<br>Company Name: | Number of Shares Acquired or Redeemed* |
|---|---|

**Delete not applicable*

**3. DECLARATION**

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**C.534**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 16

**Notice of**

**PLACE WHERE SHARE REGISTERS OR ACCOUNTING RECORDS ARE KEPT OF A PRIVATE OR PUBLIC COMPANY**

(sections 84(3)(a) and 190(2))

**Name of Company** _____ UIN _____

**Type of Company:** **Private Company** ☐ OR **Public Company** ☐

**1. SHARE REGISTER ADDRESS**

*(These records are kept at a place in Botswana other than the registered office and only applies to a Private or Public Company)*

The Register of Shares of the company is kept at

Care of:

Plot Number:

Ward / Street / Location:

with effect from _____

**2. ACCOUNTING RECORDS AND OTHER COMPANY DOCUMENTS**

*(These records eg Finance records etc are kept at a place in Botswana other than the registered office)*

The Accounting records and other company documents are kept at

Plot Number:

Ward / Street / Location:

City / Town / Village:

with effect from _____

**DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**C.536**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 17

**Notice of**

# CHANGE OF DIRECTORS OF A PRIVATE OR PUBLIC COMPANY

(section 155)

**Name of Company** _____ **UIN** _____

**Type of Company:** **Private Company** ☐ OR **Public Company** ☐

## 1. DIRECTOR DETAILS

Provide this information in the prescribed format if there are multiple directors

**DIRECTORS CEASING TO HOLD OFFICE**

| | |
|---|---|
| First, Middle & Last Name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation / Removal*: |
| First, Middle & Last Name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation / Removal*: |
| First, Middle & Last Name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation / Removal*: |

*Delete where applicable.

**APPOINTMENT OF NEW DIRECTORS**

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Appointment Date: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Appointment Date: |

**CHANGE OF NAME OR ADDRESS OF DIRECTOR**
* Complete only those details that apply.

First, Middle & Last Name

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Former Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Date of Change

**CHANGE OF NAME OR ADDRESS OF DIRECTOR (CONTINUED)**
* Complete only those details that apply.

First, Middle & Last Name

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Former Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Date of Change

## 2. EXISTING DIRECTORS

Set out below are the names and residential address of every person who is a director of the company from the date of this notice.

| Name | Residential / Postal Address |
|---|---|
| | |

## 3. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- ☐ h. If the director is newly appointed or has changed their name and is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.
- ☐ i. The consent form of every newly appointed director.

## 4. DECLARATION

*Tick to confirm information if directors have ceased to act*

☐ I confirm documentation to support the cessation of the director is held at the company's registered office. The Registrar may request to view this information at any time.

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

**C.540**

FORM 18

**Notice of**

**CHANGE OF SECRETARY**

(section 155)

**Name of Company** _____ **UIN** _____

**Type of Company:** **Private Company** OR **Public Company**

**1. SECRETARY DETAILS**

Provide this information in the prescribed format if there are multiple secretaries.

**SECRETARY CEASING TO HOLD OFFICE**

| | |
|---|---|
| Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW SECRETARY**

*Complete this information if the secretary is an individual*

| | |
|---|---|
| * National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN<br>Company Name:<br>Registered Office address: | * Representative Name:<br>Phone Number:<br>Postal Address:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF SECRETARY**

* Complete only those details that apply.

Name

Former Name

Address (Physical and Postal Address)

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Date of Change

**2. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

- ☐ j. If the secretary is newly appointed or has changed their name and is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.
- ☐ k. The consent form of every newly appointed secretary.

**3. DECLARATION**

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 19

**Consent of**

**SECRETARY OF EXISTING COMPANY**

(section 161(2))

**Name of Company** _____ **UIN** _____

Important Note: If there is more than one secretary, each of the secretary's should fill in a separate form.

**SECRETARY DETAILS**

***Secretary's name:** _____

***Secretary's address:** _____

**Profession:** (please tick)

- ☐ Institute of Chartered Secretaries & Administrators (ICSA)
- ☐ Botswana Institute of Chartered Accountants (BICA)
- ☐ Legal Practitioner
- ☐ Botswana Association of Company Secretaries (BACS)
- ☐ Association of Business Consultants of Botswana (ABCB)
- ☐ **Other** _____ ***Please specify***

I consent to act as a Secretary of the above company and certify that I am not disqualified from being appointed as a secretary of a company.

**Signature** .....

**Date** _____

*****In the case of a natural person, please give first name(s) followed by surname in BLOCK letters and provide their residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

## DISQUALIFICATION DETAILS

Please ensure that you are not disqualified from being a secretary for this company before signing this consent form.

A person cannot be a secretary of a company if he or she is any of the following:

- a body corporate, except in accordance with section 161(6); or
- an undischarged bankrupt; or
- a person who is the sole director of the company; or
- an auditor of the company.

Completed by:

Postal Address:

**C.544**

FORM 20

Notice of

**ACCOUNTING OFFICER OF A CLOSE COMPANY**

(section 273(2))

Name of Company

Name Reservation No:
UIN

**ACCOUNTING OFFICER DETAILS**

**Full Name**

**Address**

I have been appointed as an Accounting Officer of the above proposed company.

**Signature** .....

**Date**

Completed by:

Postal Address:

FORM 21

**Notice of**

**CHANGE OF REGISTERED OFFICE & PRINCIPAL PLACE OF BUSINESS OF A PRIVATE OR PUBLIC COMPANY**

(section 184(2))

**Name of Company** _____ **UIN** _____

**Type of Company:** **Private Company** ☐ **Public Company** ☐
(Please tick one of the boxes)

**Complete sections where applicable**

**REGISTERED OFFICE**
**New Registered Office Address**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

Date of Change: _____

**New Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone Number:

**ANNUAL RETURN REMINDERS**
**New Contact Details:**
*The Registrar will send courtesy reminders to the company.*

SMS:
Email:

**PRINCIPAL PLACE OF BUSINESS**
**New Principal Place of Business Address**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**DECLARATION**
*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**C.546**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 22

**Statement of**

**PARTICULARS OF CHARGE**

(section 125(1))

**Name of Company** _____ **UIN** _____

**1. CHARGES ON PROPERTY**

Set out in the table below are particulars of charges on property of the company

1. Description of Property:
2. Type of Charge:
3. Charges on existing property acquired by the company:
4. Date of Creation / Acquisition:
5. Amount Secured by charge:
6. Rate of interest payable on the charge:
7. Method used to calculate variable interest:
8. Name of Person(s) entitled to charges:
9. Prohibition / restriction contained in the instrument creating a charge:
10. Power of the company to create any other charge or issue of debentures:

**2. SERIES OF DEBENTURES**

Where the holders of a series of debentures are entitled to the benefit of a charge complete below:

1. Description of Property:
2. Total amount secured by the whole series:
3. Dates of Resolution authorising the issue of series:
4. Date of agency deed or by which the security is created / defined:
5. Name of trustee for debenture holders:
6. Name person entitled to charge:

**DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:** _____

**Signature:** ..... **Date** _____

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 23

# NOTICE OF SUBDIVISION & CONSOLIDATION OF SHARES

(section 51(3))

**Name of Company** _____ **UIN** _____

## 1. ISSUE OF SHARES

The total number of shares prior to consolidation / subdivision* _____

The total number of shares in this consolidation / subdivision* _____

The total number of shares following this consolidation / subdivision* _____

**Delete not applicable*

## 2. SHAREHOLDER DETAILS

Provide this information in the prescribed format for every shareholder in the consolidation / subdivision*.

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name | Number of Shares consolidated / subdivided*<br><br>Date of consolidation / subdivision* |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name | Number of Shares consolidated / subdivided*<br><br>Date of consolidation / subdivision* |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name | Number of Shares consolidated / subdivided*<br><br>Date of consolidation / subdivision* |

**Delete not applicable*

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| UIN or Registration Number:<br>Company Name: | Number of Shares consolidated / subdivided*<br><br>Date of consolidation / subdivision* |
| UIN or Registration Number:<br>Company Name: | Number of Shares consolidated / subdivided*<br><br>Date of consolidation / subdivision* |

**Delete not applicable*

## 3. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under Companies Act.**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

**C.550**

FORM 24

# CONSENT AND CERTIFICATE OF DIRECTOR OF AMALGAMATED COMPANY

(section 226*(f)*

**Name of Amalgamated Company**

**UIN:**

Important Note: If there is more than one director, each of the directors should fill in a separate form.

**DIRECTOR DETAILS**

**First Name:**

**Middle Name: (if any)**

**Last Name:**

**Residential Address:**

I consent to act as a director of the above amalgamated company and certify that I am not disqualified from being appointed or holding office as a director of a company.

**Signed By:**

**Signature:** ……. **Date**

## DISQUALIFICATION DETAILS

Please ensure that you are not disqualified from being a director for this company before signing this consent form.

A person cannot be a director of a company if he or she is any of the following:

- under 18 years of age; or
- except with the leave of the court a person whose estate is sequestrated as insolvent or who is an un-rehabilitated insolvent whether in Botswana or elsewhere; or
- a person who is prohibited from being a director or promoter of or being concerned or taking part in the management of a company under sections 500 and 501; or

- except with the leave of the court a person who has been at any time convicted (whether in Botswana or elsewhere) of theft, fraud, forgery or uttering a forged document, or perjury and has been sentenced therefore to serve a term of imprisonment without the option of a fine or to a fine exceeding P5,000; or
- except with the leave of the court a person who has been removed by a competent court from an office of trust on account of misconduct; or
- a person who has been adjudged to be of unsound mind; or
- is not eligible because of requirements contained in the company's constitution (if any).

A person who is not a natural person cannot be a director of a company.

Completed by:

Postal Address:

**C.552**

FORM 25

**CONSENT AND CERTIFICATE OF SECRETARY OF AMALGAMATED COMPANY**

(section 226*(f)*)

**Name of Amalgamated Company** _____ **UIN:** _____

Important Note: If there is more than one secretary, each of the secretary's should fill in a separate form.

**SECRETARY DETAILS**

***Secretary's name** _____

***Secretary's address** _____

**Profession:** (please tick)

- ☐ Institute of Chartered Secretaries & Administrators (ICSA)
- ☐ Botswana Institute of Chartered Accountants (BICA)
- ☐ Legal Practitioner
- ☐ Botswana Association of Company Secretaries (BACS)
- ☐ Association of Business Consultants of Botswana (ABCB)
- ☐ **Other** _____ ***Please specify***

I consent to act as a Secretary of the above company and certify that I am not disqualified from being appointed as a secretary of a company.

**Signed By:** _____

**Signature:** ……. **Date** _____

*****In the case of a natural person, please give first name(s) followed by surname in BLOCK letters and provide their residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business

## DISQUALIFICATION DETAILS

Please ensure that you are not disqualified from being a secretary for this company before signing this consent form.

A person cannot be a secretary of a company if he or she is any of the following:

- a body corporate, except in accordance with section 161(6); or
- an undischarged bankrupt; or
- a person who is the sole director of the company; or
- an auditor of the company.

Completed by:

Postal Address:

**C.554**

FORM 26

**CERTIFICATE OF DIRECTORS IN FAVOUR OF THE AMALGAMATION**

(sections 224(2) & 225(5))

**Name of Amalgamated Company**

**UIN:**

I/We* the undersigned certify that in our opinion the conditions set out in section 224(2) or 225(5)are satisfied on the following grounds:

*Delete if not applicable

**DIRECTORS**

| Name of Director | Signature | Date |
|---|---|---|
| | | |

**Signed By:**

**Signature:** ……. **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 27

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

**Notice of**

# CHANGE OF PARTICULARS OF A COMPANY LIMITED BY GUARANTEE

(sections 244(2) and 261)

**Name of Company** _____ **UIN:** _____

**1. TYPE OF COMPANY**

**Sub Type** **Public Company** ☐ OR **Private Company** ☐

(Please tick one of the boxes)

If the company is a private company, please indicate whether it is non-exempt company or an exempt company **Non-exempt Company** ☐ **Exempt Company** ☐

**2. CHANGE OF COMPANY NAME**

**Proposed** New Name of Company _____ **Name Reservation No:** _____

**3. ALTERATION TO CONSTITUTION**

The above named company has:

☐ **adopted a new constitution** ☐ **altered its existing constitution**

The company **adopted* / altered*** its constitution on* _____

**Please insert the date on which the company adopted or altered its constitution (as the case may be).* A copy of the **constitution must be** attached to this notice.

**4. COMPANY ADDRESS DETAILS**

**Complete sections where applicable**

**REGISTERED OFFICE**
**New Registered Office Address**

Care Of:
Plot Number:

Ward / Street / Location:

Effective from: _____

**New Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone Number:

**ANNUAL RETURN REMINDERS**
**New Contact Details:**
*The Registrar will send courtesy reminders to the company*

SMS:
Email:

**PRINCIPAL PLACE OF BUSINESS**
**New Principal Place of Business Address**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**ACCOUNTING RECORDS AND OTHER COMPANY DOCUMENTS**
*(These records e.g. Finance records etc. are kept at a place in Botswana other than the registered office)*

The Accounting records and other company documents are kept at

with effect from

**5. CHANGE OF DIRECTOR DETAILS**

Provide this information in the prescribed format if there are multiple directors

**DIRECTORS CEASING TO HOLD OFFICE**

| | |
|---|---|
| First, Middle & Last Name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation / Removal*: |
| First, Middle & Last Name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation / Removal*: |

*Delete where applicable.

**APPOINTMENT OF NEW DIRECTORS**

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |

**CHANGE OF DIRECTOR DETAILS (continued)**

**CHANGE OF NAME OR ADDRESS OF DIRECTOR**
* Complete only those details that apply.

First, Middle & Last Name

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Former Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Date of Change

**CHANGE OF NAME OR ADDRESS OF DIRECTOR (CONTINUED)**
* Complete only those details that apply.

First, Middle & Surname

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Former Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Date of Change

**6. CHANGE OF SECRETARY DETAILS**
Provide this information in the prescribed format if there are multiple secretaries.

**SECRETARY CEASING TO HOLD OFFICE**

| Name:<br><br>Address: | Date of Cessation: |
|---|---|

**CHANGE OF SECRETARY DETAILS (continued)**
Provide this information in the prescribed format if there are multiple secretaries.

**SECRETARY CEASING TO HOLD OFFICE**

| | |
|---|---|
| Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW SECRETARY**
*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Postal Address:<br><br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF SECRETARY**
* Complete only those details that apply.

Name
Name

Former Name

New Address (Physical and Postal Address)

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Date of Change

**7. CHANGE OF MEMBER DETAILS**

Provide this information in the prescribed format if there are multiple members.

**MEMBER CEASING TO HOLD OFFICE**

| | |
|---|---|
| Name:<br><br>Address: | Date of Cessation: |
| Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW MEMBERS**

*Complete this information if the member is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal Address:<br><br><br><br>Date of Appointment: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

**APPOINTMENT OF NEW MEMBERS (continued)**

*Complete this information if the member is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br><br>Date of Appointment: | *Registered Office address:<br><br><br>Postal Address: |
| UIN:<br>Company Name:<br><br>Date of Appointment: | *Registered Office address:<br><br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF MEMBER DETAILS (Continued)**

**CHANGE OF NAME OR ADDRESS OF MEMBER**
* Complete only those details that apply.

Name

Former Name

New Address (Physical and Postal Address)

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Date of Change

**CHANGE OF NAME OR ADDRESS OF MEMBER**
* Complete only those details that apply.

Name

Former Name

New Address (Physical and Postal Address)

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Date of Change

**AMENDMENT TO BENEFICIAL OWNERSHIP DETAILS**
Complete this section if the Beneficial Owner details have changed

Name of Member

Beneficial Ownership Details

Former Beneficial Ownership Details

| | |
|---|---|
| Beneficial Owner: Yes or No<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email:<br>Residential Address:<br><br>Postal Address: | Beneficial Owner: Yes or No<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email Address:<br>Residential Address:<br><br>Postal Address: |

Date of Change

## 8. CHANGE OF AUDITOR DETAILS

**AUDITOR CEASING TO HOLD OFFICE**

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW AUDITOR**

*Complete this information if the Auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address:<br><br><br>Date of Appointment: |

*Complete this information if the Auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address:<br><br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF AUDITOR**

* Complete only those details that apply.

Name

Former Name

Address (Physical and Postal Address)

Former Address

| Contact Details | Former Contact Details |
|---|---|
| Telephone:<br>SMS:<br>Email: | Telephone:<br>SMS:<br>Email: |

Date

**9. LIST OF EXISTING SECRETARY / MEMBERS / AUDITOR**

Set out below are the names and address of every secretary, member and auditor of the company from the date of this notice.

| Name | Address |
|---|---|
| **Member(s):** | |
| **Secretary:** | |
| **Auditor:** | |

*Please give first name(s) followed by surname in BLOCK letters.

**10. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

- ☐ a. A copy of the *constitution is attached to this notice. If this is not in English it should be accompanied by a certified translation.
- ☐ b. If the auditor, secretary or member is newly appointed or have changed their name and is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- ☐ c. The consent form of every director, secretary and member.

**11. DECLARATION**

*Tick to confirm information in all cases*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

***Identity Number:**
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 28

**Notice of**

**CHANGE OF PARTICULARS OF A CLOSE COMPANY**

(section 261)

**Name of Company** _____ **UIN** _____

**1. CHANGE OF COMPANY NAME**

**New name of company** _____ **Name Reservation No:** _____

**Date of Change:** _____

**2. ALTERATION TO CONSTITUTION**

The above named company has:

☐ **adopted a constitution** ☐ **altered its constitution** ☐ **revoked its constitution**

The company **adopted* / altered* / revoked** its constitution on* _____

**Please insert the date on which the company adopted, altered or revoked its constitution (as the case may be).* A copy of the **constitution as adopted / alteration to the constitution** is attached to this notice

**3. COMPANY ADDRESS DETAILS**

Complete sections where applicable

**REGISTERED OFFICE**
**New Registered Office Address**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

Effective from: _____

**Note** | This cannot be a future date.

**New Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone:

**ANNUAL RETURN REMINDERS**
**New Contact Details:**
*The Registrar will send courtesy reminders to the company.*

SMS:
Email:

**PRINCIPAL PLACE OF BUSINESS**
**New Principal Place of Business Address**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**ACCOUNTING RECORDS AND OTHER COMPANY DOCUMENTS**
*(These records eg Finance records etc are kept at a place in Botswana other than the registered office)*

The Accounting records and other company documents are kept at

with effect from

**4. MEMBER DETAILS**
Provide this information in the prescribed format for every member.

**MEMBER CEASING TO HOLD OFFICE**

| | |
|---|---|
| Full name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation: |
| Full name:<br><br>Residential address:<br><br>Postal Address: | Date of Cessation: |

**APPOINTMENT OF NEW MEMBERS**

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest:<br>Date of Appointment: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality: | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

First, Middle & Last Name

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email:

Former Contact Details

Postal Address:

Telephone:
SMS:
Email:

Percentage of Interest

Former Percentage of Interest

Date of Change

**CHANGE OF NAME OR ADDRESS OF MEMBER**
* Complete only those details that apply.

First, Middle & Surname

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:

Telephone:
SMS:
Email address:

Former Contact Details

Postal Address:

Telephone:
SMS:
Email address:

Percentage of Interest

Former Percentage of Interest

Date of Change

**AMENDMENT TO BENEFICIAL OWNERSHIP DETAILS**
**Complete this section if the Beneficial Owner details have changed**

Name of Member

Beneficial Ownership Details

Beneficial Owner: Yes or No
First, Middle & Last Name:
Telephone:
SMS:
Email:
Residential Address:

Postal Address:

Former Beneficial Ownership Details

Beneficial Owner: Yes or No
First, Middle & Last Name:
Telephone:
SMS:
Email:
Residential Address:

Postal Address:

Date of Change

## 5. ACCOUNTING OFFICER DETAILS

**ACCOUNTING OFFICER CEASING TO HOLD OFFICE**

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW ACCOUNTING OFFICER**

*Complete this information if the Accounting Officer is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |

*Complete this information if the Accounting Officers a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Email:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF ACCOUNTING OFFICER**
* Complete only those details that apply.

Name

Former Name

Address (Physical and Postal Address)

Former Address

Contact Details

Former Contact Details

Telephone:
SMS:
Email:

Telephone:
SMS:
Email:

Date

## 6. LIST OF EXISTING MEMBERS / ACCOUNTING OFFICER

Set out below are the names and address of every member / accounting officer of the company from the date of this notice.

| Name of Member and Percentage of Interest | Residential Address / Postal Addres |
|---|---|
| | |

*Please give first name(s) followed by surname in BLOCK letters.

## 7. ACCOMPANYING DOCUMENTS

*Tick where applicable*

The following documents must accompany this form:

- ☐ a. A copy of the ***constitution** is attached to this notice. If this is not in English it should be accompanied by a certified translation.
- ☐ b. If the accounting officer or member is newly appointed or have changed their name and is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- ☐ c. The consent form of every newly appointed member and accounting officer.

## 8. DECLARATION

*Tick to confirm information in all cases*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act**.

**Signed By:**

**Signature:** ..... Date

**C.568**

| | |
|---|---|
| Completed by:<br><br>Postal Address: | *Identity Number:<br>**(*For non-citizens either National ID or Passport)**<br>Telephone:<br>Mobile:<br>Email: |

FORM 29

**Notice of**

**PARTICULARS OF AUDITORS**

(section 191(1))

**Name of Company** _____ **UIN** _____

**1. TYPE OF COMPANY**

(Please tick one of the boxes) **Public Company** ☐ **Private Company** ☐

If the company is a private company, please indicate whether it is non-exempt company or an exempt company **Non-exempt Company** ☐ **Exempt Company** ☐

**2. AUDITOR DETAILS**

**AUDITOR CEASING TO HOLD OFFICE**

| | |
|---|---|
| Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW AUDITOR**

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br><br><br>Date of Appointment: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address:<br><br><br>Date of Appointment: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF AUDITOR**

* Complete only those details that apply.

Name _____ Former Name _____

Address

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Effective Date

**3. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

☐ 1. If the auditor is newly appointed or has changed their name and is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.

**4. DECLARATION**

*Tick to confirm information if auditor has ceased to act*

☐ I confirm documentation to support the cessation of the auditor is held at the company's registered office. The Registrar may request to view this information at any time. I understand that knowingly making false statement or misleading representation or omission is an offence under Companies Act.

*Tick to confirm information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 30

**Notice of**

# FAILURE TO APPOINT OR RE-APPOINT AN AUDITOR AT AN ANNUAL GENERAL MEETING

(section 191(4))

**Name of Company** _____ **UIN** _____

No auditor was appointed / re-appointed* at the General Meeting held on

Day | Month | Year

The directors have appointed / re-appointed* an auditor for the company as at

Day | Month | Year

The Registrar is now requested to appoint a person(s) in terms of section 191 of the Act to fill the vacancy.

**DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under Companies Act.**

**Signed By:** _____

**Signature:** ..... Date _____

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

**C.572**

FORM 31

**REQUEST TO REMOVE COMPANY FROM REGISTER**

(section 331*(d)*)

**Name of Company** _____ **UIN** _____

**1. Type of Company:** **Private Company** ☐ OR **Public Company** ☐

**Ltd by Guarantee** ☐ OR **Close Company** ☐

I ..... (insert full name) being:

* *Tick where applicable*

☐ * a shareholder / member authorised by special resolution of the above named company to make this application, or

☐ * a director authorised by the board of the above named company to make this application, or

☐ * a person required or permitted by the constitution to make this application,

request that the above company be removed from the register.

The grounds on which this request is made are:

*Tick where applicable*

☐ ** The company has ceased to carry on business, has discharged in full its liabilities to all its known creditors, and has distributed its surplus assets in accordance with its constitution and the Companies Act 1993.

☐ ** The company after paying its debts in full or in part has no surplus assets, and no creditor has applied to the court under section 369 for an order putting the company into liquidation.

*** Indicate which ground is applicable*

**2. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

a) A written notice from the Commissioner of Taxes stating that the Commissioner has no objection to the company being removed from the register.

b) A copy of the special resolution of shareholders / members.

**3. DECLARATION**

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 32

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

**Return of**

**ALTERATION OF PARTICULARS OF AN EXTERNAL COMPANY**

(section 347(1))

**Name of Company** _____ **UIN** _____

**Complete sections where applicable**

**1. CHANGE OF COMPANY NAME**

New name of company _____ Name reservation No: _____

*If applicable*

Date of Change: _____

**2. ALTERATION TO CONSTITUTION**

The instrument constituting /* defining the constitution of the above named company was altered _____

* Delete if not applicable.

**3. CHANGE OF COMPANY ADDRESSES**

**REGISTERED OFFICE**

**New Registered Office** Address (if applicable)

Care of:
Plot Number:

Ward / Street / Location:

**POSTAL ADDRESS & CONTACT NUMBER**

**New Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:

Address:

**New Annual Return Reminders Details:**
The Registrar will send courtesy reminders to the company.

SMS:

Email:

FORM 32

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

**Return of**

**ALTERATION OF PARTICULARS OF AN EXTERNAL COMPANY**

(section 347(1))

**Name of Company** _____ **UIN** _____

**Complete sections where applicable**

**1. CHANGE OF COMPANY NAME**

New name of company _____ Name reservation No: _____

*If applicable*

Date of Change: _____

**2. ALTERATION TO CONSTITUTION**

The instrument constituting /* defining the constitution of the above named company was altered _____

* Delete if not applicable.

**3. CHANGE OF COMPANY ADDRESSES**

**REGISTERED OFFICE**

**New Registered Office** Address (if applicable)

Care of:
Plot Number:

Ward / Street / Location:

**POSTAL ADDRESS & CONTACT NUMBER**

**New Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:

Address:

**New Annual Return Reminders Details:**
The Registrar will send courtesy reminders to the company.

SMS:

Email:

**PRINCIPAL PLACE OF BUSINESS**

**New Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**4. CHANGE OF AUTHORISED AGENT DETAILS**

Provide this information in the prescribed format if there are multiple agents.

**AUTHORISED AGENT CEASING TO HOLD OFFICE**

| | |
|---|---|
| Name:<br><br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW AUTHORISED AGENT**

*Complete this information if the agent is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Mobile Number:<br>Email address: | Residential address:<br><br><br><br>Postal address:<br><br><br><br>Date of Appointment: |

*Complete this information if the agent is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal address:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF AGENT**

* Complete only those details that apply.

Name (Individual or Body Corporate)

Former Name

Address (Residential / Registered Office)

Former Address (Residential / Registered Office)

| Contact Details | Former Contact Details |
|---|---|
| Postal Address:<br><br>Telephone:<br>SMS:<br>Email: | Postal Address:<br><br>Telephone:<br>SMS:<br>Email: |

Date of Change

## 5. CHANGE OF DIRECTOR DETAILS

Provide this information in the prescribed format if there are multiple directors

**DIRECTORS CEASING TO HOLD OFFICE**

| | |
|---|---|
| First, Middle & Last Name:<br><br>Residential address: | Date of Cessation / Removal*: |
| First, Middle & Last Name:<br><br>Residential address: | Date of Cessation / Removal*: |
| First, Middle & Last Name:<br><br>Residential address: | Date of Cessation / Removal*: |

*Delete where applicable.

**APPOINTMENT OF NEW DIRECTORS**

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |

**CHANGE OF NAME OR ADDRESS OF DIRECTOR**
* Complete only those details that apply.

First, Middle & Surname

Former Name

Residential or Postal Address

Former Residential or Postal Address

New Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Date of Change

**CHANGE OF NAME OR ADDRESS OF DIRECTOR (CONTINUED)**
* Complete only those details that apply.

First, Middle & Surname

Former Name

Residential or Postal Address

Former Residential or Postal Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Date of Change

**6. CHANGE OF SHAREHOLDER DETAILS**
Provide this information in the prescribed format if there are multiple shareholders.

**SHAREHOLDER CEASING TO HOLD OFFICE**

| | |
|---|---|
| Name:<br><br>Address: | Date of Cessation: |
| Name:<br><br>Address: | Date of Cessation: |

**CHANGE OF SHAREHOLDER DETAILS (continued)**
**APPOINTMENT OF NEW SHAREHOLDERS**

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes | *Registered Office address:<br><br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF SHAREHOLDER DETAILS (continued)**

**CHANGE OF NAME OR ADDRESS OF SHAREHOLDER**

* Complete only those details that apply.

Name of Shareholder

Former Name

Address (Physical and Postal Address)

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Other Details:

Nominee Shareholder: Yes or No

Former Other Details:

Nominee Shareholder: Yes or No

Date of Change

**AMENDMENT TO SHAREHOLDER DETAILS (Continued)**

**Complete this section if the shareholder's name or address has changed.**

Name of Shareholder

Former Name

Address (Physical and Postal Address)

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Other Details:

Nominee Shareholder: Yes or No

Former Other Details:

Nominee Shareholder: Yes or No

Date of Change

**7.CHANGES TO BENEFICIAL OWNERSHIP DETAILS**

Complete this section if the Beneficial Owner details have changed

Name of Shareholder

Beneficial Ownership Details

Beneficial Owner: Yes or No
First, Middle & Last Name:
Telephone:
SMS:
Email:
Residential Address:

Postal Address:

Former Beneficial Ownership Details

Beneficial Owner: Yes or No
First, Middle & Last Name:
Telephone:
SMS:
Email:
Residential Address:

Postal Address:

Date of Change

**8. CHANGE OF AUDITOR DETAILS (optional)**

**AUDITOR CEASING TO HOLD OFFICE**

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>Name:<br>Address: | Date of Cessation: |

**APPOINTMENT OF NEW AUDITOR**

*Complete this information if the Auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email address: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |

*Complete this information if the Auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address:<br><br>Date of Appointment: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF AUDITOR**

* Complete only those details that apply.

Name

Former Name

New Address (Physical and Postal Address)

Former Address

| Contact Details | Former Contact Details |
|---|---|
| Telephone:<br>SMS:<br>Email: | Telephone:<br>SMS:<br>Email: |

Date

## 9. LIST OF EXISTING DIRECTORS / AGENTS / SHAREHOLDERS

Set out below are the name and address of every director or authorised agent or shareholder of the company from the date of this notice.

| Full Legal Name* | Address |
|---|---|
| **Director(s):** | |
| **Agent(s):** | |
| **Auditor:** | |
| **Shareholder(s):** | |

*Please give first name(s) followed by surname in BLOCK letters.

## 10. ACCOMPANYING DOCUMENTS

*Tick where applicable*

The following documents must accompany this form:

- ☐ a. If the agent, director, auditor or shareholder is newly appointed or have changed their name and is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- ☐ b. A copy of the ***constitution** is attached to this notice. If this is not in English it should be accompanied by a certified translation.

## 11. DECLARATION

.

*Tick to confirm information if directors have ceased to act*

☐ I confirm documentation to support the cessation of the director is held at the company's registered office. The Registrar may request to view this information at any time. I understand that knowingly making false statement or misleading representation or omission is an offence under Companies Act.

*Tick to confirm information in all cases*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

FORM 33

**Notice of**
**CESSATION OF BUSINESS IN BOTSWANA BY AN EXTERNAL COMPANY**

(section 352(1))

**Name of Company** _____ **UIN** _____

The above named company ceased to carry on business in Botswana on

Day | Month | Year

**DECLARATION**
*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:** _____

**Signature:** ……. **Date** _____

Completed by:

Postal Address:

*Identity Number:
*Passport Number applicable to non-citizens only)

Telephone:

Mobile:

Email:

FORM 34

**Application for**

**REGISTRATION AND CONTINUATION OF A FOREIGN COMPANY IN BOTSWANA**

(section 355(1))

**Name of Company** _____ **Registration number** _____

Country in which company is incorporated _____

**ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

- ☐ a. A certified copy of the certificate of incorporation or other similar document that evidences its incorporation;
- ☐ b. A copy of a resolution authorising the continuation of the company in Botswana;
- ☐ c. A statement whether a company applies to be registered as a company limited by shares or by guarantee and whether as a public company or a private company;
- d. A certified copy of a document defining its constitution; If this is not in English it should be accompanied by a certified translation.
- ☐ e. A statement of the charges on the company's assets;
- ☐ f. Evidence acceptable to the Registrar that the company is not prevented from being registered as a company under this Act by either section 356 or 357;
- ☐ g. The documents and information that are required to register a company under Part II of the Act;
- ☐ h. If a document referred to above is not in English, a translation of the document certified in accordance with these regulations; and (i) any other documents and information the Registrar may require
- ☐ i. Certificate of Good Standing

**DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:** _____

**Signature:** ……. **Date** _____

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 35

**CERTIFICATE OF REGISTRATION OF A FOREIGN COMPANY**
(section 358(1)*(b)*)

**(name of company)**

**UIN (number)**

I hereby certify that …….(name of company) , a body corporate incorporated in ……..(country of origin), was registered as a foreign company in Botswana under the Companies Act on the ……..(date of incorporation).

**GIVEN** under my hand this **<Incorporation Date>**

**<Registrar's Signature>**
**Registrar of Companies and Business Names**

FORM 36

**Application for**

# REGISTRATION OF AN EXTERNAL COMPANY

Section 345, Companies Act Chapter 42:01

**Name of Company** _____ **Name Reservation No:** _____

**Country in which company is incorporated** _____

**Date of Commencement of Business in Botswana** _____

**1. CONSTITUTION:**
**Do you have a Constitution?** Yes or No

**2. COMPANY DETAILS:**

**Registered Office:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:

Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**3. AUTHORISED AGENT**

The following is authorised to accept service in Botswana of documents on behalf of the company.

*Complete this information if the agent is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal address: |

*Complete this information if the agent is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**4. DIRECTORS**

Provide this information in the prescribed format for every director of the company. The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal Address: |

**5. SHAREHOLDERS**

**Total Number of Company Shares:**

Provide this information in the prescribed format for every shareholder of the company. The following persons are the shareholders of the company:

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br><br>Postal Address: |

**SHAREHOLDERS (Continued)**

Provide this information in the prescribed format for every shareholder of the proposed company. The following persons are the shareholders of the proposed company:

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes | *Registered Office address:<br><br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**6. AUDITOR (optional)**

The following person is the auditor of the company:

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**7. TAX AGENT (optional)**

The government has introduced reforms to enable the ease of doing business in Botswana. Every company which has a tax agent is required to provide its details. This information will be made available to Botswana Unified Revenue Service (BURS). Should any of this information change after the company is incorporated the company will have to lodge the changes with BURS. Note The tax agent details is private information and will not be made available to the public.

*Complete this information if the tax agent is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

**TAX AGENT (Continued)**

*Complete this information if the tax agent is a "firm (partnership)''*

| | |
|---|---|
| Entity Name: | Address:<br><br>Postal Address: |

*Complete this information if the tax agent is a "body corporate''*

| | |
|---|---|
| Entity Name: | Address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**8. ACCOMPANYNG DOCUMENTS**

*Tick to confirm*

The following documents must accompany this form:

- ☐ a. A duly authenticated copy of the certificate of its incorporation or registration in its place of incorporation or origin. If this is not in English it should be accompanied by a certified translation.
- ☐ b. Articles or other instrument constituting or defining its constitution. If this is not in English it should be accompanied by a certified translation.
- ☐ c. If the director, shareholder, agent, auditor or tax agent is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- ☐ d. A Certificate of Good Standing. If this is not in English it should be accompanied by a certified translation.

**9. DECLARATION**

*Tick to confirm this information*

☐ I confirm that the agent has been appointed by the company and documentation to support this is held at the company's registered office. Please note: The Registrar may request to view this information at any time.

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act**.

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
*Passport Number applicable to non-citizens only)

Telephone:

Mobile:

Email:

**C.592**

FORM 37

**CERTIFICATE OF REGISTRATION OF AN EXTERNAL COMPANY**
(sections 345(2) and 348(1))

**(name of external company)**

**UIN (number)**

I hereby certify that……. (name of external company) , a body corporate incorporated in……. (country of origin), was registered as an (entity type) in Botswana under the Companies Act on the ……. (date of incorporation).

*Note: The Certificate will record the following changes*
and was re-registered under the <Re-registration Act> on the <date of re-registration>
and changed its name to <new company name> on the <date of change of name>
and was removed from the register on the <date of removal>

**GIVEN** under my hand at **GABORONE** this **<Date Certificate was generated>.**

**<Registrar's Signature>**
**Registrar of Companies and Business Names**

FORM 38

**Application for**

**REGISTRATION OF A STATUTORY CORPORATION AS A COMPANY**

(section 355(4) and (5))

**Name of Company**

**ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

(a) a copy of the law under which the statutory corporation was established;
(b) a copy of the law authorising the continuation of the statutory corporation under this Act;
(c) a statement whether the statutory corporation applies to be registered as a company limited *by* shares or by guarantee and whether as a public or a private company;
(d) a certified copy of the documents defining its constitution;
(e) a statement of the charges on the statutory corporation's assets;
(f) the documents and information that are required to register a company under Part II of the Act; and
(g) any other documents or information the Registrar may require.

**Signed By:**

**Signature:** ……. **Date**

Completed by:

Postal Address:

*Identity Number:

(*Passport Number applicable to non-citizens only)

Telephone:

Mobile:

Email:

**C.594**

FORM 39

**CERTIFICATE OF REGISTRATION OF STATUTORY CORPORATION AS A COMPANY**
(section 358(1)*(b)*)

**<name of company>**
**UIN<number>**

I hereby certify that <name of statutory corporation> , a Statutory Corporation formed in Botswana is this day registered under the Companies Act as <name of company> and the liability of the members is limited.

**GIVEN** under my hand this **<Date of Incorporation>.**

**<Registrar's Signature>**
**Registrar of Companies and Business Name**

FORM 40

**Application to**

**REMOVE A COMPANY FROM THE REGISTER WHERE IT HAS TRANSFERRED INCORPORATION TO ANOTHER COUNTRY**

(section 360(2))

**Name of Company** _____ **UIN** _____

**Type of Company:** **Private Company** ☐ OR **Public Company** ☐

**Ltd by Guarantee** ☐ OR **Close Company** ☐

I …… (insert full name) being:

** Indicate which is applicable*

☐ * a shareholder authorised by special resolution of the above named company to make this application, or

☐ * a director authorised by the board of the above named company to make this application, or

☐ * a person required or permitted by the constitution to make this application,

request that the above company be removed from the register. The company is being relocated to

…… (insert name of country).

**ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

☐ a. Evidence acceptable to the Registrar that subsection (3) and section 361 have been complied with;

☐ b. Evidence acceptable to the Registrar that the removal of the company from the register is not prevented by section 362;

☐ c. Written notice from the Commissioner of Taxes that the Commissioner has no objection to the company being removed from the register;

☐ d. Evidence acceptable to the Registrar that the company is incorporated under the law; and

☐ e. Any other documents or information the Registrar may require.

☐ f. A copy of the public notice advertising the removal of the company in Botswana.

**DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

Email:

FORM 41

**FORM OF SPECIAL RESOLUTION**

(section 96)

**Name of Company** _____ **UIN** _____

Notice of meeting given to members on ..... (insert date)

Passed on the ..... (insert date)

State Contents of the resolution and the relevant section below

**Signed By:** _____

**Signature:** ..... Date _____

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 42

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

**Application for**

**CONVERSION OF A PRIVATE/PUBLIC COMPANY INTO A COMPANY LIMITED BY GUARANTEE**

(section 277(2)*(b)*)

**Name of Company** _____ **UIN** _____

**1. TYPE OF COMPANY**

**Sub Type** **Public Company** ☐ OR **Private Company** ☐

(Please tick one of the boxes)

If the company is a private company, please indicate whether it is non-exempt company or an exempt company **Non-exempt Company** ☐ OR **Exempt Company** ☐

**2. DETAILS OF COMPANY:**

**Business Activities:** **Commerce** ☐ **Art** ☐ **Science** ☐ **Religion** ☐

**Charity** ☐ **Other** _____

*Please specify*

**Registered Office:**
(This must be a physical address in Botswana and must not be a PO Box or Private Bag address)

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone Number:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:
Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**3. DIRECTORS**

Provide this information in the prescribed format for every director of the company. The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |

You must have at least one director resident in Botswana.

**4. SECRETARY**

Provide this information in the prescribed format for every secretary of the company. The following person is the secretary of the company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN:<br><br>Company Name:<br><br>Registered Office Address: | Name of Representative:<br><br>Phone Number:<br><br>Email address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**5. MEMBERS**

Provide this information in the prescribed format for every member of the company. The following persons are the member of the company:

*Complete this information if the member is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

*Complete this information if the member is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal Address: |
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal Address: |
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**6. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

*Tick where applicable*

☐ a. A constitution, a document certified by at least 1 applicant as the company's constitution. If this is not in English, it should be accompanied by a certified translation

☐ b. A copy of the company resolution

☐ c. Donors Support Letter (if any)

☐ d. Evidence of Previous Business Activity

**7. CONFIRMATION**

All the members of the above-named company apply for the conversion of this company into a company limited by guarantee.

I/We*, state that:

*Tick to confirm this information*

☐ Every shareholder of the company will become a member of the company limited by guarantee and

☐ Agreed to the voluntary surrender for cancellation of all the shares held by them and

☐ That there is no unpaid liability on any of its shares.

**8. DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation to omission is an offence under Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

C.602

FORM 43

**Application for**

**CONVERSION OF A PRIVATE COMPANY INTO A CLOSE COMPANY**

Section 278(2)

**Name of Company** _____ **UIN** _____

**1. DETAILS OF PROPOSED COMPANY:**

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone Number:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:
EmaiL:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Address for Records / Share**
(if not kept at the Company's registered office)

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**2. MEMBER DETAILS**

Provide this information in the prescribed format for every member of the company.
The following persons are the members of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |

| | |
|---|---|
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

**3. ACCOUNTING OFFICER DETAILS (Optional)**

The following person is the Accounting Officer of the proposed company:

*Complete this information if the Accounting Officer is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

*Complete this information if the Accounting Officer is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Name of Representative:<br>Phone Number:<br>Email address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**4. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

- ☐ a. A statement in writing by the auditor as required by section 19(b) of the Act (applies to non-exempt private companies); and
- ☐ b. A founding statement in terms of section 246 of the Act.
- ☐ c. If the company has a constitution, a document certified by at least 1 applicant as the company's constitution. If this is not in English, it should be accompanied by a certified translation.
- ☐ d. A consent form of every member and a Notice of an Accounting Officer of a Close Company.
- ☐ e. If the member or accounting officer is a non-Botswana citizen, a copy of their passport. If this is not in English, it should be accompanied by a certified translation.

**5. CONFIRMATION**

All shareholders of the above-named company apply for conversion of this company into a close company.

I/We*, state that -

- ☐ a. Every shareholder of the company will become a member of the close company; and
- ☐ b. Upon conversion the assets of the close company, fairly valued, will exceed its liabilities, and that after conversion the close company will be able to pay its debts as they become due in the ordinary course of its business.
- ☐ c. The accounting officer has consented to act as accounting officer.

I/We* confirm

- ☐ that the proposed company is not being established for or will carry on the business of banking or insurance.

**6. DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

**C.606**

FORM 44

**Application for**

**CONVERSION OF A CLOSE COMPANY INTO A PRIVATE COMPANY**

(section 279)

**Name of Company** _____ **UIN** _____

**1. DETAILS OF COMPANY:**

The above named company is a **Non-exempt company** ☐ OR **an exempt company** ☐

**Note:** A private company shall qualify as an exempt private company if-
(*a*) its total assets are less than P5,000,000 in the preceding financial year; and
(*b*) its annual turnover is less than P10,000,000 in the preceding financial year;

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone Number:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:

Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Address for Records / Share**
(if not kept at the Company's registered office)

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

## 2. DIRECTORS

Provide this information in the prescribed format for every director of the company.
The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |

You must have at least one director resident in Botswana.

## 3. SECRETARY (optional)

Provide this information in the prescribed format for every secretary of the company.
The following person is the secretary of the company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**4. AUDITOR (applies to non-exempt private companies)**

The following person is the auditor of the company:

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**5. SHAREHOLDERS**

**Total Number of Company Shares:**

Provide this information in the prescribed format for every shareholder of the company.

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |

| | |
|---|---|
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

**5. SHAREHOLDERS (Continued)**

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**6. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

- ☐ a. If the company has a constitution, a document certified by at least 1 applicant as the company's constitution. If this is not in English, it should be accompanied by a translation.
- ☐ b. The consent form of every director, secretary and shareholder.

**7. DECLARATION**

*Tick to confirm this information*

☐ I confirm all the members of the above-named company apply for the conversion of this company into a private company.

☐ I confirm that every member of the close company will become a shareholder of the company.

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act**.

**C.610**

**Signed By:**

**Signature:** ..... **Date**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 45

**Application for**

**CONVERSION OF A PRIVATE COMPANY INTO A PUBLIC COMPANY**

(section 279)

**Name of Company** _____ **UIN** _____

**1. DETAILS OF COMPANY:**

**Registered Office:**

Care of:
Plot Number:

Ward / Street:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:

Email:

**Principal Place of Business:**

Plot Number:

Ward / Street:

City / Town / Village:

**Address for Records / Share**
(if not kept at the Company's registered office)

Plot Number:

Ward / Street / Location:

City / Town / Village:

**2. DIRECTORS**

Provide this information in the prescribed format for every director of the company. The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

You must have at least one director resident in Botswana and public companies must have a minimum of 2 directors.

**3. SECRETARY**

Provide this information in the prescribed format for every secretary of the company. The following person is the secretary of the company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business

**4. AUDITOR**

The following person is the auditor of the company:

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**5. SHAREHOLDERS**

**Total Number of Company Shares:**

Provide this information in the prescribed format for every shareholder of the company.

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |

| | |
|---|---|
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

**6. SHAREHOLDERS (Continued)**

Provide this information in the prescribed format for every shareholder of the company. The following persons are the shareholders of the company:

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**7. ACCOMPANYING DOCUMENTS**

The following documents must accompany this form:

*Tick where applicable*

☐ a. If the company has a constitution, a document certified by at least 1 applicant as the company's constitution. If this is not in English it should be accompanied by a certified translation.

☐ b. A copy of the company resolution

**8. DECLARATION**

*Tick to confirm this information*

☐ I confirm all the shareholders of the above-named company apply for the conversion of this company into a public company.

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 46

**Application for**

**CONVERSION OF A PUBLIC COMPANY INTO A PRIVATE COMPANY**

(section 280)

**Name of Company** _____ **UIN** _____

**1. DETAILS OF COMPANY:**

The above named company is a **Non-exempt company** ☐ OR **an exempt company** ☐

**Note:** A private company shall qualify as an exempt private company if-
(*a*) its total assets are less than P5,000,000 in the preceding financial year; and
(*b*) its annual turnover is less than P10,000,000 in the preceding financial year;

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:

Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Address for Records / Share**
(if not kept at the Company's registered office)

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**2. DIRECTORS**

Provide this information in the prescribed format for every director of the company. The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

You must have at least one director resident in Botswana.

**3. SECRETARY**

Provide this information in the prescribed format for every secretary of the company. The following person is the secretary of the company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone Number:<br>SMS:<br>Email address: | Residential address:<br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Email address:<br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

## 4. AUDITOR (applies to non-exempt private companies)

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

## 5. SHAREHOLDERS

Total Number of Company Shares:

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email address:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email address: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email address:<br>Number of Shares Issued:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address:<br><br>Date of Appointment: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email address: | Residential Address:<br><br>Postal Address: |

**5. SHAREHOLDERS (Continued)**

Provide this information in the prescribed format for every shareholder of the company. The following persons are the shareholders of the company:

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |
| Company Name:<br>UIN or Registration Number:<br>Country of Registration:<br><br>Number of Shares Allocated:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**6. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

☐ a. If the company has a constitution, a document certified by at least 1 applicant as the company's constitution. If this is not in English it should be accompanied by a certified translation.

☐ b. A copy of the company resolution

**7. DECLARATION**

*Tick to confirm this information*

☐ I confirm all the shareholders of the above-named company apply for the conversion of this company into a private company.

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**C.620**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 47

**Form of**

**ANNUAL RETURN FOR A PUBLIC OR PRIVATE COMPANY**

(section 217)

**Name of Company** _____ **UIN:** _____

**Type of Company:** **Private Company** OR **Public Company**

If the company is a private company, please indicate whether it is non-exempt company or an exempt company

**Non-exempt Company** ☐ OR **Exempt Company** ☐

**Note:** A private company shall qualify as an exempt private company if-
(*a*) its total assets are less than P5,000,000 in the preceding financial year; and
(*b*) its annual turnover is less than P10,000,000 in the preceding financial year;

**1. COMPANY DETAILS**

**Annual Return Month:** _____

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:
City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:
Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Address for Records / Share**
(if not kept at the Company's registered office)

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Company Details Confirmation:** ☐ **I certify that the company details provided above are correct**
Place a tick in the appropriate box to confirm details

## 2. DIRECTORS

The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |

**Director Details Confirmation:** ☐ **I certify that the director details provided above are correct**
Place a tick in the appropriate box to confirm details

## 3. Secretary

The following is the secretary of the company:

*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Secretary Details Confirmation:** ☐ **I certify that the secretary details provided above are correct**
Place a tick in the appropriate box to confirm details

## 4. AUDITOR (applies to non-exempt private companies and public companies)

The following person is the auditor of the company:
*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Auditor Details Confirmation:** ☐ **I certify that the auditor details provided above are correct**
Place a tick in the appropriate box to confirm details

## 5. SHAREHOLDERS

**Total Number of Company Shares:** ☐

**Public Company:** Yes / No*
**Please delete where applicable*

Provide this information in the prescribed format for every shareholder of the company or if you are a public company then provide the top 10 shareholders.
*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

**SHAREHOLDERS (Continued)**

Provide this information in the prescribed format for every shareholder of the company or if you are a public company then provide the top 10 shareholders.

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br><br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**6. DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 48

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

**Form of**

**ANNUAL RETURN FOR A CLOSE COMPANY**

(section 217)

**Name of Company**

**UIN**

**1. COMPANY DETAILS**

**Annual Return Month:**

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:
City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:
Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Address for Records / Share**
(if not kept at the Company's registered office)

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Company Details Confirmation:**

**I certify that the company details provided above are correct**
Place a tick in the appropriate box to confirm details

**2. MEMBERS**

Provide this information in the prescribed format for every member of the company.
The following persons are the members of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address:<br><br>Percentage of Interest: |

| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
|---|---|

**Member Confirmation** ☐ **I certify that the member details provided above are correct**
Place a tick in the appropriate box to confirm details

## 3. ACCOUNTING OFFICER DETAILS (Optional)

The following person is the Accounting Officer of the proposed company:
*Complete this information if the Accounting Officer is an individual*

| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
|---|---|

*Complete this information if the Accounting Officer is a 'body corporate''*

| UIN:<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Email: |
|---|---|

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Accounting Officer Details Confirmation:** ☐ **I certify that the accounting officer details provided above are correct**
Place a tick in the appropriate box to confirm details

## 4. BUSINESS ACTIVITY

*Tick Box*

☐ I confirm that the company has not been carrying on the business activities of banking or insurance.

## 5. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

Completed by:

Postal Address:

*Identity Number:
**(*For non-citizens either National ID or Passport)**

Telephone:

Mobile:

FORM 49

**Form of**

**ANNUAL RETURN FOR A COMPANY LIMITED BY GUARANTEE**

(section 217)

**Name of Company** _____ **UIN** _____

**1. TYPE OF COMPANY**

**Sub Type** **Public Company** ☐ OR **Private Company** ☐

(Please tick one of the boxes)

If the company is a private company, please indicate whether it is non-exempt company or an exempt company **Non-exempt Company** ☐ **Exempt Company** ☐

**2. COMPANY DETAILS**

**Business Activities:** **Commerce** ☐ **Art** ☐ **Science** ☐ **Religion** ☐

**Charity** ☐ **Other** _____

*Please specify*

**Annual Return Month:** _____

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:
Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Address for Records**
(if not kept at the Company's registered office)

Care of:
Plot Number:

Ward / Street:

City / Town / Village:

**Company Details Confirmation:** ☐ **I certify that the company details provided above are correct**
Place a tick in the appropriate box to confirm details

## 3. DIRECTORS

The following persons are the directors of the proposed company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

You must have at least one director resident in Botswana and public companies must have a minimum of 2 directors.

**Director Details Confirmation:** ☐ **I certify that the director details provided above are correct**
Place a tick in the appropriate box to confirm details

## 4. SECRETARY

The following person is the secretary of the company:
*Complete this information if the secretary is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

*Complete this information if the secretary is a 'body corporate''*

| | |
|---|---|
| UIN<br>Company Name:<br>Registered Office address: | Representative Name:<br>Phone Number:<br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Secretary Details Confirmation:** ☐ **I certify that the secretary details provided above are correct**
Place a tick in the appropriate box to confirm details

**5. MEMBERS**

The following persons are the member of the company:

*Complete this information if the member is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email address: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

**MEMBERS (Continued)**

*Complete this information if the member is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal Address: |
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal Address: |
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal Address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Member Confirmation** ☐ **I certify that the member details provided above are correct**
Place a tick in the appropriate box to confirm details

**6. AUDITOR (optional)**

The following is the auditor of the company:

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Auditor Details Confirmation:** ☐ **I certify that the auditor details provided above are correct**
Place a tick in the appropriate box to confirm details

**7. DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation to omission is an offence under the Companies Act.**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 50

Form of

# ANNUAL RETURN FOR AN EXTERNAL COMPANY

**Name of Company**

**UIN**

## 1. DETAILS OF COMPANY:

**Annual Return Month:**

**Registered Office:**

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

**Postal Address & Contact Number:**
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone:

**Annual Return Reminders:**
The Registrar will send courtesy reminders to the company.

SMS:
Email:

**Principal Place of Business:**

Plot Number:

Ward / Street / Location:

City / Town / Village:

**Company Details Confirmation:** **I certify that the company details provided above are correct**
**Place** a tick in the appropriate box to confirm details

## 2. AUTHORISED AGENT

The following person is authorised to accept service in Botswana of documents on behalf of the company.

*Complete this information if the agent is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br><br><br>Postal address: |

*Complete this information if the agent is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | Registered Office address:<br><br>Postal address: |

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Agent Details Confirmation** ☐ **I certify that the Agent details provided above are correct**
Place a tick in the appropriate box to confirm details

## 3. DIRECTORS

The following persons are the directors of the company:

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name:<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address:<br><br>Postal Address: |

## 4. SHAREHOLDERS

**Total Number of Company Shares:** ☐

The following are the shareholders of the company:

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |

| | |
|---|---|
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |

**SHAREHOLDERS (Continued)**

*Complete this information if the shareholder is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email: | Residential Address:<br><br>Postal Address: |
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email:<br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | Residential address:<br><br>Postal Address: |
| Beneficial Ownership Details (If applicable)<br>First, Middle & Last Name:<br>Telephone:<br>SMS:<br>Email address: | Residential Address:<br><br>Postal Address: |

*Complete this information if the shareholder is a 'body corporate''*

| | |
|---|---|
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |
| UIN or Registration Number:<br>Company Name:<br>Country of Registration:<br><br>Number of Shares:<br>Shares Jointly Held: Yes or No<br>Nominee Shareholder: Yes or No | *Registered Office address:<br><br>Postal Address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Shareholder Details Confirmation:** ☐ **I certify that the shareholder details provided above are correct**
Place a tick in the appropriate box to confirm details

## 5. AUDITOR (optional)

The following person is the auditor of the company:

*Complete this information if the auditor is an individual*

| | |
|---|---|
| *National Identity Number:<br>(*For non-citizens either National ID or Passport)<br><br>First, Middle & Last Name<br>Nationality:<br>Gender:<br>Date of Birth:<br>Telephone:<br>SMS:<br>Email: | Residential address: |

*Complete this information if the auditor is a 'body corporate''*

| | |
|---|---|
| UIN:<br>Company Name: | *Registered Office address: |

In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**Auditor Details Confirmation:** ☐ **I certify that the auditor details provided above are correct**
Place a tick in the appropriate box to confirm details

## 6. DECLARATION

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 51

**Application to**

**RESTORE COMPANY TO REGISTER (FAILURE TO FILE AN ANNUAL RETURN)**

(sections 341 and 252(6))

NOTE: This form is to be only used by companies that we were removed due to failure to file an Annual Return under the Companies 42:01. *Provided there are no objections received the Registrar of Companies will restore this company to the register*

**Name of Company** _____ **UIN** _____

**1. Type of Company:**

| | | | | |
|---|---|---|---|---|
| **Private Company** | ☐ | OR | **Public Company** | ☐ |
| **Ltd by Guarantee** | ☐ | OR | **Close Company** | ☐ |
| **External Company** | ☐ | | | |

**2. APPLICANT DETAILS**

| | |
|---|---|
| Full Name: | Telephone: |
| Physical Address: | Mobile: |
| Postal Address: | Email: |

**3. REQUEST MADE BY**

*Tick where applicable*

☐ Shareholder/Member ☐ Director ☐ Creditor of company ☐ Liquidator/Receiver

**4. REASON FOR RESTORATION**

*Tick where applicable*

☐ The company was still carrying on business / other reason existed for it to continue in existence; **or**

☐ The company was a party to a legal proceeding; **or**

☐ The company was in receivership / liquidation or both

**5. ACCOMPANYING DOCUMENTS**

*Tick to confirm whether an annual return form is attached*

☐ The most recent annual return form if the company was deregistered due to failure to file is annual return.

**6. DECLARATION**

*Tick to confirm this information*

**C.638**

☐ I confirm the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 52

**Application to**

# RESTORE COMPANY TO REGISTER (FAILURE TO RE-REGISTER)

(sections 341 and 252(6))

NOTE: This form is to be only used by companies that we were removed due to failure to re-register under the Companies Re-Registration Act. Provided there are no objections received the Registrar of Companies will restore this company to the register.

**Name of Company** _____ **UIN** _____

**1. Type of Company:**

| | | | | |
|---|---|---|---|---|
| **Private Company** | ☐ | OR | **Public Company** | ☐ |
| **Ltd by Guarantee** | ☐ | OR | **Close Company** | ☐ |
| **External Company** | ☐ | | | |

**2. APPLICANT DETAILS**

| | |
|---|---|
| Full Name: | Telephone: |
| Physical Address: | Mobile: |
| Postal Address: | Email: |

**3. REQUEST MADE BY**

*Tick where applicable*

☐ Shareholder/Member ☐ Director ☐ Creditor of company ☐ Liquidator/Receiver

**4. REASON FOR RESTORATION**

*Tick where applicable*

☐ The company was still carrying on business / other reason existed for it to continue in existence; **or**

☐ The company was a party to a legal proceeding; **or**

☐ The company was in receivership / liquidation or both

**5. ACCOMPANYING DOCUMENTS**

*Tick to confirm that the Supplementary Form is attached*

☐ The Supplementary form detailing all of the company information.

**6. DECLARATION**

*Tick to confirm this information*

☐ I confirm the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**C.640**

**Signed By:**

**Signature:** ..... Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

FORM 53

COMPANIES AND INTELLECTUAL PROPERTY AUTHORITY
PROTECTING BUSINESS INTERESTS

**Notice of**

**ADOPTION OF BALANCE SHEET DATE**

(section 210)

**Name of Company** **UIN**

The company has changed its balance sheet date from

Day Month

And adopted a balance sheet date of

Day Month

The Registrar is herewith notified of the change in balance sheet date of the company.

**DECLARATION**

*Tick to confirm this information*

☐ I confirm I am either a director of this company or a person authorised to complete this Notification on their behalf, and have all necessary enquiries to ensure that the information contained in this Notification is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under the Companies Act.**

**Signed By:**÷

**Signature:** ……. Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email:

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
*Minister of Investment, Trade and Industry.*

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