

(b) Residential Address:

Country:

[Grid for Country]

Town/Village:

[Grid for Town/Village]

Street/Ward Name:

[Grid for Street/Ward Name]

Plot/House No:

[Grid for Plot/House No]

11. Preferred method of communication:

E-mail

[Grid for E-mail]

SMS

Cell phone Number:

[Grid for Cell phone Number]

Telephone Number:

[Grid for Telephone Number]

Post

12. Languages applicant is able to read and write:

[Line for languages]

13. (a) Countries and places of residence during the last 10 years:

Country	Place of Residence

(b) Have you ever traveled on the passports of any of those countries? If so, give particulars:

[Lines for particulars]

14. Date of arrival of Botswana:

[Grid for Date of arrival of Botswana]

D D M M Y Y Y Y

Place of entry into Botswana:

[Grid for Place of entry into Botswana]

15. (a) Full name of spouse:

Surname:

[Grid for Surname]

First Name:

[Grid for First Name]

Middle Name:

[Grid for Middle Name]

Previous/Maiden Surname:

[Grid for Previous/Maiden Surname]

(b) Country of Birth of spouse:

[Grid for Country of Birth of spouse]

Place of Birth of spouse:

[Grid for Place of Birth of spouse]

Date of Birth of spouse:

[Grid for Date of Birth of spouse]

D D M M Y Y Y Y

(c) Countries and Places of Residence during the last 10 years:

Country	Place of Residence

16. Particulars of children under the age of 18 years, by any marriage or adoption:

Name	Age	Gender		Whether applying For Residence	
		Male	Female	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Have you or those accompanying you ever been ordered to leave or prohibited from entering Botswana or any Other country?

If so, give particulars:

18. Have you or those accompanying you ever been sentenced in any country to any period of imprisonment either without the option or in default of payment of a fine (whether or not such imprisonment or such fine was suspended), or to any sentence for an offence involving violence, dishonesty or non payment of any tax or duty ?

If so, give particulars:

19. Give reasons for applying for a permit:

20. State until when the period is required :

D	D	M	M	Y	Y	Y	Y		

21. Do you propose to take up employment or engage for reward in any business, profession or other occupation in Botswana?

Yes No

If yes, please complete application for work permit and attach to this form once you have completed it.

PART II

Applicants who fall under these categories should refer to the requirement list attached to this form.

1. If you do not propose to take up paid employment or engage for reward in any business, profession or other occupation in Botswana, what are your reasons for applying for a residence permit? Tick the appropriate box.

Dependent Volunteer Student Immigrant Missionary

If any other please specify:

2. Occupation:

Qualifications:

3. If applying for renewal give details of existing permit/s:

	Work Permit	Residence Permit
Permit Number		
Date of Issue		
Place of Issue		
Date of Expiry		

4. State how you intend to support yourself and your dependant (if any). Give full details supported by documentary proof:

PART III

I (Full Name of Applicant)

_____ declare that the information furnished by me in this application is true and correct.

Date:

D	D	M	M	Y	Y	Y	Y				

Signature of Applicant:

For Commissioner of Oaths:

Declared before me at:		Date:	Time:																																				
Place:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td colspan="5"></td> </tr> </table>																	D	D	M	M	Y	Y	Y	Y						<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>					H	H	M	M
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