

C.114

SCHEDULES

Schedule 1

Form 1 (A)
(reg. 4 (2))



**APPLICATION FOR REGISTRATION OF PUBLIC INTEREST ENTITY LISTED
ON THE BOTSWANA STOCK EXCHANGE**

1. Details of entity		
(a)	Full name	
(b)	Legal status of entity (whether incorporated under the Companies Act or is a statutory body etc.)	
(c)	Date of incorporation/establishment	
(d)	Entity Registration Number (If applicable)	
(e)	Postal address	
(f)	Physical address	
(g)	Telephone number	
(h)	Fax number	
(i)	E-mail address	
(j)	Website address	
(k)	Name of Principal Officer	

(f)	Names and contact details of directors and senior management	<table border="1"> <thead> <tr> <th data-bbox="815 533 906 562">Name</th> <th data-bbox="922 533 1050 562">Designation</th> <th data-bbox="1066 533 1214 562">Contact details</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 589 847 618">(i)</td> <td></td> <td></td> </tr> <tr> <td data-bbox="815 618 847 647">(ii)</td> <td></td> <td></td> </tr> <tr> <td data-bbox="815 647 847 676">(iii)</td> <td></td> <td></td> </tr> <tr> <td data-bbox="815 676 847 705">(iv)</td> <td></td> <td></td> </tr> <tr> <td data-bbox="815 705 847 734">(v)</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Designation	Contact details	(i)			(ii)			(iii)			(iv)			(v)		
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(ii)																				
(iii)																				
(iv)																				
(v)																				

2. Details of primary contact person for this registration	
(a) Surname	
(b) Forename(s)	
(c) Postal address	
(d) Physical address	
(e) Telephone number	
(f) Fax number	
(g) E-mail address	

3. Business and financial reporting details	
Business Description	
Financial Year-end date	
Latest audited Annual Financial Statements available	

4.3 Other Instruments			
Description and Market Value of Other Listed Instruments As at -----	Date of Initial Listing	Any other relevant details	

4.4 Details of Foreign Listings			
Description and Market Value of Listed Instruments As at-----	Name of Stock Exchange	Date of Initial Listing	Any other relevant details

5. Statutory Audit Details

Name of Audit Firm	
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C.118

BAOA Practising Certificate Number of audit firm Forename(s) of primary contact of audit firm Postal address of primary contact of audit firm Physical address of primary contact of audit firm Telephone number of primary contact of audit firm Fax number of primary contact of audit firm E-mail address of primary contact of audit firm	
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6. Results of most recent Statutory Audit and Regulatory Reviews	
Audit Opinion (tick(✓) as applicable)	Unqualified Modified :Qualified/Adverse/Disclaimer Emphasis of Matter and/or Other Matters
Regulatory Reviews	

7. Accounts contact person		
(a)	Name	
(b)	E-mail address	
(c)	Telephone number	
(d)	Fax number	

8.	Certification by Regulator
8.1	Does the entity have a certificate or letter of good standing from the Botswana Stock Exchange? YES/NO
8.2	If the answer to 8.1 is "YES", attach a copy. If the answer is "NO" provide explanation in the space below.

9. Signature and Declarations	
Fill in this form and submit it to the following address: Botswana Accountancy Oversight Authority Plot 145, Block B, 5th Floor, Lake View Office Park. Gaborone International Finance Park Private Bag 0056 Gaborone Botswana Tel: +267 3919735; Fax: +267 3919737 Email: baa@baoa.org.bw; Website: www.baoa.org.bw.	
1.	We confirm that the information in this form is complete and true.
2.	We acknowledge the role, duties and powers of BAOA and agree to cooperate fully during its reviews, and to be bound by its Disciplinary Provisions.
3.	We have paid P_____ to BAOA as registration fees.
4.	We understand that an annual registration fee will be due upon lodging an application and thereafter at the commencement of BAOA's financial year (January 1st) and upon receiving an invoice from BAOA.
(a)	Surname
(b)	Forename(s)
(c)	Designation
(d)	Date
(e)	Signature (on behalf of the applicant)