

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



APPLICATION FOR REGISTRATION OF PUBLIC INTEREST ENTITY
REGULATED BY BANK OF BOTSWANA

1.	Details of entity																			
(a)	Full name of entity																			
(b)	Legal status of entity (whether incorporated under the Companies Act or is a statutory body etc.)																			
(c)	Date of incorporation/establishment																			
(d)	Company 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																			
(l)	Names and contact details of directors and senior management	<table border="1"> <thead> <tr> <th><u>Name</u></th> <th><u>Designation</u></th> <th><u>Contact details</u></th> </tr> </thead> <tbody> <tr> <td>(i)</td> <td></td> <td></td> </tr> <tr> <td>(ii)</td> <td></td> <td></td> </tr> <tr> <td>(iii)</td> <td></td> <td></td> </tr> <tr> <td>(iv)</td> <td></td> <td></td> </tr> <tr> <td>(v)</td> <td></td> <td></td> </tr> </tbody> </table>	<u>Name</u>	<u>Designation</u>	<u>Contact details</u>	(i)			(ii)			(iii)			(iv)			(v)		
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(i)																				
(ii)																				
(iii)																				
(iv)																				
(v)																				

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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. Statutory audit details	
Name of Audit Firm	
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	

5. Results of most recent Statutory Audit and Regulatory Reviews
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Audit Opinion (tick(✓) as applicable)	Unqualified Modified :Qualified/Adverse/Disclaimer Emphasis of Matter and/or Other Matters
Regulatory Reviews	

6. Accounts contact person

- | | |
|-----|-------------------------|
| (a) | Name |
| (b) | E-mail address |
| (c) | Direct telephone number |
| (d) | Direct fax number |

7. Certification by Regulator

- | | |
|-----|---|
| 7.1 | Does the entity have a certificate or letter of good standing from the Bank of Botswana?

YES/NO |
| 7.2 | If the answer to 7.1 is "YES", attach a copy. If the answer is "NO" provide explanation in the space below. |

8. 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: baoa@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 1) and upon receiving an invoice from BAOA.
(a)	Surname
(b)	Forename(s)
(c)	Designation
(d)	Date
(e)	Signature (on behalf of the applicant)
Attachments to Applications	
All Applications must be accompanied by:	
1.	Copy of the most recent audited financial statements
2.	Copy of the most recent External Auditors' Management Letter
3.	Copy of the most recent results of regulatory review
4.	A letter or certificate of good standing from Bank of Botswana (or an appropriate explanation in lieu thereof)