

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



**APPLICATION FOR REGISTRATION OF PUBLIC INTEREST ENTITY OR OTHER
ENTITY REQUIRED TO FILE FINANCIAL STATEMENTS AND REPORTS WITH A
GOVERNMENT DEPARTMENT OR AUTHORITY**

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 statutory details
Business Description
Financial Year-end date
Name of Supervisory Department or Authority
Date by which annual financial statements and reports should be filed with Government Department or Authority
Latest Audited Annual Financial Statements and reports filed with Government Department or Authority

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

6. Accounts contact person		
(a)	Name	
(b)	E-mail address	
(c)	Direct telephone number	
(d)	Direct fax number	

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7. Signature and Declarations	
<p>Fill in this form and submit it to the following address:</p> <p>Botswana Accountancy Oversight Authority Plot 145, Block B, 5th Floor, Lake View Office Park. Gaborone International Finance Park Private Bag 0056 Gaborone Botswana</p> <p>Tel: +267 3919735; Fax: +267 3919737 Email: baoa@baoa.org.bw; Website: www.baoa.org.bw.</p> <ol style="list-style-type: none"> 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)

Attachments to applications
<p>All Applications must be accompanied by a copy of the most recent:</p> <ol style="list-style-type: none"> 1. Audited financial statements and reports filed with Government Department or Authority 2. External Auditors' Management Letter 3. Statutory or regulatory review, if any.