

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



**APPLICATION FOR REGISTRATION OF PUBLIC INTEREST ENTITY  
REGULATED BY NON-BANK FINANCIAL INSTITUTIONS  
REGULATORY 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	Name	Designation      Contact Details
		(i)	
		(ii)	
		(iii)	
		(iv)	
		(v)	

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

<b>3. Business and financial reporting details</b>	
Business Description	
Financial Year-end date	
Latest Audited Annual Financial Statements available	

<b>4. Statutory audit details</b>	
Name of Audit Firm	
Practising Certificate Number	
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	
Email address of primary contact of audit firm	

<b>5. Results of most recent Statutory Audit and Regulatory Reviews</b>	
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) Email 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 Non-Bank Financial Institutions Regulatory Authority? (tick (√) as applicable)  
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 54357, Varsha House, Tenth Floor,  
Central Business District,  
GABORONE  
Botswana  
Telephone: + 267 3919735; Fax +267 3919735  
E-mail: [baoa@baoa.org.bw](mailto:baoa@baoa.org.bw); Website: [www.baoa.org.bw](http://www.baoa.org.bw)

1. We confirm that 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 the Act, the Regulations, the Rules and by its Disciplinary Provisions.

3. We have paid P\_\_\_\_\_ to BAOA as registration fees.

Surname

Forenames (s)

Designation

Date	
Signature (on behalf of the applicant)	

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 Non-Bank Financial Institutions Regulatory Authority (or an appropriate explanation in lieu thereof)