

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



**APPLICATION FOR REGISTRATION OF A PARTLY OR WHOLLY
FUNDED PUBLIC BODY**

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)	

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
Name of Supervisory Ministry, 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 or Authority.

4. Statutory audit details	
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	

5. 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

Statutory Reviews/Regulatory Reviews	

6. Accounts contact person	
(a)	Name
(b)	Email address
(c)	Direct Telephone number
(d)	Direct Fax number

7. Signature and Declaration	
<p>Fill in this form and submit it to the following address:</p> <p>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; Website: www.baoa.org.bw</p>	
<ol style="list-style-type: none"> 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 by the Act, the Regulations, the Rules and its Disciplinary Provisions. 3. We have paid P_____ to BAOA as registration fees. 	

(a)	Surname	
(b)	Forenames (s)	
(c)	Designation	
(d)	Date	
(e)	Signature (on behalf of the applicant)	

Attachments to Application

All Applications must be accompanied by copy of the most recent:

1. Audited Financial Statements and reports filed with Government Department or Authority
2. External Auditors Management Letter
3. Statutory review, if any.