

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



**APPLICATION FOR REGISTRATION OF PUBLIC INTEREST ENTITY CONSIDERED
SIGNIFICANT BY THE MINISTER UNDER SECTION 22 (d) OF THE ACT**

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>Name</th> <th>Designation</th> <th>Contact Details</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>	Name	Designation	Contact Details	(i)			(ii)			(iii)			(iv)			(v)		
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											
Latest Audited Annual Financial Statements available											
Indicate the parameters at the end of the preceding accounting year (and amounts) by which the entity qualifies as a Public Interest Entity, as prescribed in the Regulations	<table border="0"> <thead> <tr> <th style="text-align: left;"><u>Parameter</u> <u>Number</u></th> <th style="text-align: left;"><u>Amount/</u></th> </tr> </thead> <tbody> <tr> <td>(i) Annual Revenue</td> <td></td> </tr> <tr> <td>(ii) Number of employees</td> <td></td> </tr> <tr> <td>(iii) Total Assets</td> <td></td> </tr> <tr> <td>(iv) Total liability (not including shareholder's equity)</td> <td></td> </tr> </tbody> </table>	<u>Parameter</u> <u>Number</u>	<u>Amount/</u>	(i) Annual Revenue		(ii) Number of employees		(iii) Total Assets		(iv) Total liability (not including shareholder's equity)	
<u>Parameter</u> <u>Number</u>	<u>Amount/</u>										
(i) Annual Revenue											
(ii) Number of employees											
(iii) Total Assets											
(iv) Total liability (not including shareholder's equity)											

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	
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	

6. Accounts contact person

(a) Name

(b) Email address

(c) Direct Telephone number

(d) Direct Fax number

7. Signature and Declaration

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; Website: 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 by the Act, the Regulations, the Rules and its Disciplinary Provisions
3. We have paid P_____ to BAOA as registration fees.

Surname

Forenames (s)

Designation

Date

Signature (on behalf of the applicant)

Attachments to Application

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

1. Audited Financial Statements
2. External Auditors Management Letter
3. Statutory review if any.