

Application for Appointment As Certifying Agent

To: Botswana Communications Regulatory Authority
Plot 50671, Independence Avenue
Private Bag 00495, Gaborone, Botswana

A non-refundable fee of _____ payable to the
“Botswana Communications Regulatory
Authority” is to be submitted with each
application.

PART I – Information On The Applicant

- 1 Name of Applicant : _____
- 2 Date and Place of Incorporation : _____
- 3 Registered Address of Applicant : _____

- 4 Telephone No : _____
- 5 Fax No : _____
- 6 Former Name of Applicant And
Date of Change (if applicable) : _____
- 7 Principle Business of The
Applicant : _____
- 8 Subsidiary Business of The
Applicant : _____
- 9 Contact Person:



Name : _____
Telephone No : _____
Email Address : _____

Please add other information field
specific to your local environment.

Is financial information required to
assess the financial strength of the
applicant?

If company registration information

PART II – Information on Professional Capability And Practices

- 1 Describe your relevant capability to become a Certifying Agent (e.g. familiarity with IT security and process control or other relevant experience).

- 2 Describe your risk management and review processes (e.g. client acceptance management, and quality control over fieldwork and reporting).

PART III – Information On Professional Staff

- 1 Describe the structure, level, number and qualifications of your professional staffs that would be engaged in certification work.



- 2 Provide relevant resumes of each of your professional staffs as attachments to this application form.

PART IV – Any Other Relevant Information

State any other information considered relevant or material to this application, including any past certification incidents.

PART V – Declarations

We declare that all information given in this application and the attached documents are true and correct, and we have not withheld any relevant information. We understand that any inaccurate or false information, or omission of relevant information will render this application invalid, and that, if appointed as a certifying agent on the basis of such information, the appointment can be revoked.

We declare that we have the capability to serve as a certifying agent and shall discharge our responsibilities diligently.

Dated this day of

Name:
Designation:



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BOTSWANA COMMUNICATIONS
REGULATORY AUTHORITY
PLOT 206/207 INDEPENDENCE AVENUE
PRIVATE BAG 00495, GABORONE, BOTSWANA
TEL: +267 3957755 FAX: +267 3957976
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