

KNOW YOUR CUSTOMER FORM

The Botswana Communications Regulatory Authority (“BOCRA” or “the Authority”) hereby request all its licensed operators to update their records and contact details with the Authority by filling in all the information requested on this KYC form and return it to BOCRA Head Office at Plot 50671, Independence Avenue, Gaborone, Botswana or email the completed form to the following officers by the 15th July 2022.

Mr. Tebogo Kabelo: kabelo@bocra.org.bw, telephone: 368 5581.

Ms. Lone Morapedi: morapedi@bocra.org.bw, telephone: 368 5590.

Please use black pen and block letters to complete this form.

IDENTITY DETAILS

Company/ Business Name: _____

Trading Name: _____

Licence Category: _____

Financial Year for the Company/ Business: _____

ADDRESS AND CONTACT DETAILS

Postal Address: _____

Physical Address: _____

Village/ Town/ City: _____

Telephone: _____ Email Address: _____

CHIEF EXECUTIVE/ MANAGING DIRECTOR'S DETAILS

Name: _____ Telephone: _____

Mobile: _____ Email Address: _____

CONTACT PERSON'S DETAILS

Name: _____ Telephone: _____

Mobile: _____ Email Address: _____



The following documents shall be submitted with the KYC Form:

- Certificate of Incorporation and/ or Business Name Certificate.
- Company Extract or Business Name Extract.

DECLARATION

I hereby declare that the details provided above, and the documents attached to this KYC Form are true and correct to the best of my knowledge and belief. I undertake to inform the Authority of any changes therein immediately in case any of the above information is found to be false or untrue or misleading or misrepresenting.

Full Name: _____ Signature: _____

Place: _____ Date: _____

Insert Company Stamp here: