

Be KYC Compliant

1. The Botswana Communications Regulatory Authority (BOCRA) or the Authority requests all its licensed operators to update their records and contact information.
2. Licensees are requested to complete the below KYC form and email it to licensing@bocra.org.bw by the **31st July 2025**
3. For further enquiries please contact the Licensing Department at 3685 500.

KNOW YOUR CUSTOMER FORM

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

IDENTITY DETAILS

Company/ Business Name: _____
Trading Name: _____
Licence Category: _____
Financial Year of 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 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: