

For Official Use Only:

File Number: _____

APPLICATION FOR RESIDENCE PERMIT



REPUBLIC OF BOTSWANA

IMMIGRATION ACT
(Cap. 25:02)
(Regulation 15)

Please use block letters and black ink only
PART I

Form 15

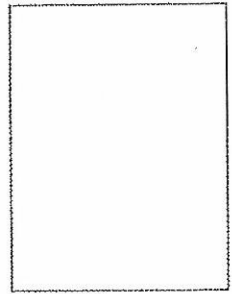


Photo
3cm x 4cm

Each of the following questions must be answered fully by all applicants. If insufficient space is provided for the answer, it must be given on a sheet and attached to the application.

1. Is this an application for a new permit or renewal of existing permit
2. Surname: _____
- First Name: _____
- Middle Name: _____
- Previous/Maiden Surname: _____
3. Marital Status: Single Married Divorced Widowed Separated

4. Date of Birth: _____ 5. Sex: _____
- D D M M Y Y Y Y Male Female

6. Country of Birth: _____
7. Place of Birth: _____

8. Passport Details:
- Self:
- Passport Number: _____ Place of Issue: _____
- Date of Issue: _____ Expiry Date: _____
- D D M M Y Y Y Y D D M M Y Y Y Y
- Nationality (state name of country): _____
- Spouse:
- Passport Number: _____ Place of Issue: _____
- Date of Issue: _____ Expiry Date: _____
- D D M M Y Y Y Y D D M M Y Y Y Y
- Nationality (state name of country): _____

9. (a) Present Nationality (state name of country): _____
- (b) Previous Nationality (state name of country): _____

10. (a) Present Postal Address:
- Country: _____
- Town/Village: _____
- Post Office Location: _____
- P.O. Box No/P. Bag No: _____

16. Particulars of children under the age of 18 years, by any marriage or adoption:

Name	Age	Gender		Whether applying For Residence	
		Male	Female	Yes	No
	□ □ □ □	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	□ □ □ □	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	□ □ □ □	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	□ □ □ □	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	□ □ □ □	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	□ □ □ □	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Have you or those accompanying you ever been ordered to leave or prohibited from entering Botswana or any Other country?

If so, give particulars:

18. Have you or those accompanying you ever been sentenced in any country to any period of imprisonment either without the option or in default of payment of a fine (whether or not such imprisonment or such fine was suspended), or to any sentence for an offence involving violence, dishonesty or non-payment of any tax or duty ?

If so, give particulars:

19. Give reasons for applying for a permit:

20. State until when the period is required :

□	□	□	□	□	□	□	□
D	D	M	M	Y	Y	Y	Y

21. Do you propose to take up employment or engage for reward in any business, profession or other occupation in Botswana?

Yes No

If yes, please complete application for work permit and attach to this form once you have completed it.

PART II

Applicants who fall under these categories should refer to the requirement list attached to this form.

1. If you do not propose to take up paid employment or engage for reward in any business, profession or other occupation in Botswana, what are your reasons for applying for a residence permit? Tick the appropriate box.

Dependent Volunteer Student Immigrant Missionary

If any other please specify:

2. Occupation:

Qualifications:

3. If applying for renewal give details of existing permit/s:

	Work Permit	Residence Permit
Permit Number		
Date of Issue		
Place of Issue		
Date of Expiry		

4. State how you intend to support yourself and your dependant (if any). Give full details supported by documentary proof:

PART III

I (Full Name of Applicant)

declare that the information furnished by me in this application is true and correct.

Date:

D	D	M	M	Y	Y	Y	Y

Signature of Applicant:

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For Commissioner of Oaths:

Declared before me at:		Date:	Time:
Place:			
Names of Commissioner of Oaths:			
Designation of Commissioner of Oaths:		Telephone Number:	
_____ (Commissioner of Oaths Signature)		_____ (Official Stamp)	