burs
botswana unified revenue service

Form: BURS 1

APPLICATION FOR REGISTRATION AS A TAXPAYER OR SUPPLEMENTARY / CHANGE OF REGISTRATION

Plot 53976, Kudumatse Drive
Private Bag 0013
Gaborone
Botswana
Tel: 363 8000 / 363 9000
Fax: 363 9999 / 395 3101

Please: Print your particulars in block letters or tick the appropriate box. Do not leave any column blank. If the particular information asked for is not applicable to you, please state "Not applicable".

☐ **Registration as a Taxpayer**

☐ **Supplementary/Change of Registration details**

1. If already registered, please state the Taxpayer Identification Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Select the taxpayer type you are registered for. Tick the appropriate box

☐ Company	☐ Individual	☐ Partnership	☐ Estate
☐ Diplomat	☐ Sole Proprietor	☐ Trust	☐ Body of persons; Government,
☐ Fund	☐ Public benefit organisation		Parastatals, NGOs.

3. Indicate what type of tax(es) you are registering for

☐ Income Tax	☐ PAYE	☐ Capital Transfer Tax
☐ VAT	☐ Other withholding Taxes (dividends, management and consultancy fees, etc)	

4. Title (Mr, Mrs, Ms, Dr, Sir) (individuals only)
5. Surname (individuals only)
6. Full First Name (individuals only)
7. Registered Name (For other registrations)
8. Trade Name 1
9. Trade Name 2

10. ID / Residential Permit No. ☐

Company - Incorporation No. ☐

Estate - Testamentary Case No. ☐

Trust - Registration No. ☐

Partnership - Registration No. ☐

11. Passport No. (For Non Citizens))
12. Country of Citizenship / Country of Registration
13. Residential Status: Resident ☐ Non-Resident ☐
14. Postal Address for Service of Notice
15. Residential or Physical Address

16. Registered office address

17. Contact Numbers Office Home Cell

18. Web Site

19. Fax Number

20. Email Address

SECTION B - PARTICULARS OF ORGANISATION AND NATURE OF BUSINESS

21. ***Please tick the appropriate box to indicate the type of organisation you are registering.***

Trust Type ☐ Public ☐ Private

Company Type ☐ IFSC ☐ Private ☐ Specified Corporation

☐ Public ☐ CIU ☐ Specified CIU

☐ Specified Corporation

22. State Number of branches covered by this application, if any

23. State Number of Directors

24. Nature of Business or Occupation

25. Basic Industrial Classification Code (if known)

26. Specify the sources of income (tick appropriate boxes)

☐ Business (Other than Mining, Farming and Rental)

☐ Employment

☐ Rental

☐ Farming

☐ Mining

27. ☐ Other (Specify)

28. Are you an employer? ☐ Yes ☐ No

If yes, state the number of employees

29. Was an existing business purchased? ☐ Yes ☐ No

30. If the answer to 29 is yes, give the following details

a. Date of takeover or purchase ...../...../.....

b. Previous VAT registration number

c. Trade Name

d. Previous Owner

e. Value of stock and assets transferred excluding VAT P

f. Value of annual taxable supplies made / expected to be made

g. Year Ending ...../...../.....

SECTION C - BUSINESS INFORMATION

31. Date of commencement of business ...../...../.....

32. Accounting Year / Financial Year

VAT DETAILS (To be completed when registering for VAT only, if Not go to section D)

33. Taxable Turnover / Annual Turnover

34. As on Date ...../...../.....

35. Zero Rated Turnover

36. Exempt Turnover

37. Liable Date for VAT registration ...../...../.....

38. Estimated Value of Imports

39. Indicate whether you are:

☐ Importer ☐ Exporter ☐ Agent

SECTION D - PARTICULARS OF TWO OFFICIALS AND SHAREHOLDERS

40. ***A. Furnish particulars of two major Directors / Partners / Members / Individuals in the space below.***

Official 1

Status: ☐ Director ☐ Partner ☐ Member ☐ Individual

41. Surname

42. First Name

43. Residential Address

44. Contact Numbers Office Home Cell

Fax Email Address

45. Nationality 46. Omang No. / Residence Permit No.

47. Passport No. 48. Work Permit No.

Official 2

49. Status: ☐ Director ☐ Partner ☐ Member ☐ Individual

50. Surname

51. First Name

52. Residential Address

53. Contact Numbers Office Home Cell

Fax Email Address

54. Nationality 55. Omang No. / Residence Permit No.

56. Passport No.

57. Work Permit No./ Exemption Certificate No. (Non-Citizens)

B. Furnish particulars of two major beneficial shareholders in the space below

Shareholder 1

58. Surname
59. First Name
60. Residential Address
61. Contact Numbers — Office | Home | Cell
    Fax | Email Address
62. Nationality
63. Omang No. / Residence Permit No.
64. Passport No.
65. Work Permit No./ Exemption Certificate No. (Non-Citizens)

Shareholder 2

66. Surname
67. First Name
68. Residential Address
69. Contact Numbers — Office | Home | Cell
    Fax | Email Address
70. Nationality
71. Omang No. / Residence Permit No.
72. Passport No.
73. Work Permit No./ Exemption Certificate No. (Non-Citizens)

Please give details of the Public Officer / Precedent / Partner / Trustee / Executor / Administrator as a applicable:

74. Name of the Public Officer / Precedent / Partner
75. Surname
76. First Name
77. Postal Address
78. Residential Address
79. TIN, if applicable
80. Contact Numbers — Office | Home | Cell
    Fax | Email Address
81. Nationality
82. Omang No. / Residence Permit No.
83. Passport No.
84. Work Permit No./ Exemption Certificate No. (Non-Citizens)

SECTION E - Particulars of your Tax Agent

85. Does a Tax Agent assist you in your taxes? ☐ Yes ☐ No

86. Full Name of the Tax agent

87. Physical Business Address of the agent

88. Postal Address of the agent

89. Contact Numbers Office | Home | Cell

Fax | Email Address

90. Nationality

91. Omang No. / Residence Permit No.

92. Passport No.

93. Work Permit No. (Non-Citizens)

SECTION F - Details of Bank Account

94. Name of the Bank

Branch

Account No.

Account Type

Name of Account Holder

Confirmation by the Bank (to be completed by an authorized officer of the Bank)

Signature

Name

Designation

Bank Stamp

SECTION G - Attachments required

95. a. ☐ Copy of certificate of Incorporation / Registration

b. ☐ Memorandum & articles of association / Partnership deed / Trust deed / Constitution (as applicable)

c. ☐ Copy of Omang / Passport for the Public officer and two major Directors / Officials as detailed in Sections B and C above.

d. ☐ Copy of Form 2, 2a, 2b, 2c, 2d, 8, 13,14,15

e. ☐ List of Assets

f. ☐ Voluntary Letter of VAT if Turnover is less P500,00.00

DECLARATION OF TRUTH

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Name of Tax Payer or representative Tax Payer	
Capacity	
Signature	
Date	...../...../.....

FOR OFFICE USE ONLY

☐ Registration Approved ☐ Not Approved ☐ Reasons for refusal

Officer's Name	
Signature	
Date	...../...../.....

TIN NUMBER ALLOCATED											
FILE CATEGORY											
FILE OFFICE LOCATION											
RETURN PACK TYPE											
BUSINESS / INDUSTRY CODE											
FILE SECURITY LEVEL											
FILE STATUS											
VAT TAX PERIOD											

Notes for Application for Registration

ITEM NO.	NOTES
	Firstly tick whether you are registering for the first time as a taxpayer or it's a supplementary/ change of registration details.
1.	Provide the Tax Identification Number if you have already registered.
2.	Tick the appropriate box depending on the taxpayer type you are registering for.
3.	Indicate the type of tax you are registering for by ticking the appropriate box provided.
4.	Insert your title in the space provided, in capital letters. *(for individuals only)
5.	Insert the surname.* (individuals only)
6.	Insert full first names.* (individuals only)
7.	Please provide the registered name as it appears in the official registration document, e.g certificate of incorporation for a company.
8.	Please provide the trade names in the spaces provided if any, if not write N/A
10.	Furnish the registration number/ identification numbers depending on the nature of registration. Example: ID/resident permits for individuals and incorporation number for companies.
11.	For non citizens, insert passport number if registering as an individual.
12.	Insert the country of citizenship or registration.
13.	Indicate whether you are registering as a resident or nonresident by ticking the appropriate box.
14.	Provide the current postal address.
15.	Provide the physical location.
16.	Provide registered office address.
17.	Provide contact numbers for office and residence as well as cellular numbers.
18.	Provide website if any.
19.	Provide fax number if any.
20.	Provide email address if any.
21.	Please tick the appropriate box indicating the type of organization you are registering.
22.	State number of branches for the organization you are registering for if any, if not write N/A.
23.	State the number of Directors.
24.	State the nature of business or occupation for individuals.
25.	State the basic industrial classification code if known.
26.	Specify the source of income by ticking the appropriate box provided.
27.	If the source of income registering for is not included in 26 above, specify in the space provided.
28.	State whether you are an employer? If `yes`. State the number of employees.
29.	Indicate whether the business have been purchased by ticking the appropriate box.
30.	Please provide the requested information if the business was purchased. From (a to g)
31.	State the date on which the business started operating.
32.	State the accounting year/financial year.
33.	Provide the annual turnover figures.
34.	Date for which item 33 is applicable
35.	State the annual value of zero rated turnover.
36.	State the annual value of exempt supplies.
37.	State the date on which the annual taxable supplies exceeded P500,000-00 or expected to exceed P500,000-00. For voluntary registration, state the date VAT is liable
38.	Insert value of estimate imports during the running of the business.
39.	Indicate whether you are registering as an importer, exporter or an agent by ticking the provided boxes.
40.	Please indicate your status by ticking the provided boxes.

41.	Provide the official's surname.
42.	Provide the official's name.
43.	Please provide the official's residential address.
44.	Provide contact numbers.
45	Provide the official's nationality. .
46.	Provide official's national identification or residence permit number. If they are non-citizens they must complete item 47
47.	Provide passport number and nationality of passport of the official
48.	If the official is an expatriate employee he/she must provide details of work permit or exemption certificate number
49-57	Notes for items 40 - 48 are equally applicable to items 49-57
58-73	Part D (B) requires applicants to indicate the names and particulars of two major beneficial shareholders. These are the shareholder to whom the shares actually belong and **NOT** their representatives or nominees. Separate schedule to be attached if more than 2 shareholders are major beneficial shareholders
58.	Provide the shareholder's surname.
59.	Provide the shareholder's name.
60.	Please provide the shareholder's residential address.
61.	Provide contact numbers.
62	Provide shareholder's nationality.
63.	Provide shareholder's national identification or residence permit number. If he/she is non-citizen, complete item 62
64.	Provide passport number and nationality of passport of the shareholder
65.	If the shareholder is an expatriate employee he/she must provide details of work permit or exemption certificate number
66 - 73	Notes for items 58 - 65 are equally applicable to items 66 - 73
74 – 84	State particulars of public officer/precedent partner/trustee/executor/administrator, if any
85 - 92	State the particulars of a tax agent, if any.
93	Provide bank details.
94	Tick attachments provided.
Declaration of Truth-	Applicants are required to declare that the above given information is to their knowledge true and correct.
For official use only-	Applicants are not to complete.