



**Supplier Registration Form**

BOTA.DHRA.CSD.P02.F01

Issue No.: 03

**Print and complete in block letters**

Please submit certified copies where required together with the return of this questionnaire to:

**Botswana Training Authority  
Private Bag BO 340  
Gaborone  
ATT: Purchasing Officer  
Department of Human Resource and Administration**

*Please note that BOTA reserve the right to approve suppliers at its sole discretion and prerogative.*

<b>1.COMPANY DETAILS</b>	
<b>Registered Name of Business:</b>	
<b>Trading Name of Business:</b>	
<b>Company Registration no.:</b>	
<b>Country of registration:</b>	
<b>Trading license no.:</b>	
<b>Business type (Partnership, sole proprietor, incorporated Co. or other – please specify)</b>	
<b>VAT Registration no. (if applicable)</b>	
<b>Tax Clearance Certificate no.:</b>	
<b>Description of Core Business</b>	
<b>2.ADDRESS AND CONTACT INFORMATION</b>	
<b>Physical Address (include Plot No. suburb, city):</b>	
<b>Full Postal Address:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	
<b>Website:</b>	
<b>Company E-Mail:</b>	
<b>Contact Person:</b>	
<b>His/Her position</b>	

Supplier Registration Form

BOTA.DHRA.CSD.P02.F01

Issue No.: 03

<b>3.BANKING DETAILS</b>			
<b>Bank Name</b>			
<b>Account Number</b>			
<b>Branch Name</b>			
<b>Branch Code</b>			
<b>Type of Account</b>			
<b>Country where account is held</b>			
<b>4.OWNERSHIP DETAILS</b>			
<b>NAME AND SURNAME</b>	<b>CITIZENSHIP</b>	<b>SHAREHOLDING %</b>	
<i>Please attach proof</i>			
<b>5.REFERENCES</b>			
<i>Please provide details of three referees we may contact to seek reference in relation to services rendered by your business.</i>			
<b>Business Name</b>	<b>Address</b>	<b>Contact No. &amp; Person</b>	<b>Goods/services</b>
<b>6. MANAGEMENT SYSTEMS</b>			
Have you implanted any management system? Tick in the appropriate box			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes give details below			
<b>Reference standard</b> e.g. ISO 9001:2008, OHSAS 18001	<b>Certified?</b>		<b>If certified, give name of certifying body, otherwise write "N/A"</b>
	Yes	No	



**Supplier Registration Form**

**BOTA.DHRA.CSD.P02.F01**

**Issue No.: 03**

Please submit any other information that you deem relevant for BOTA to know

---

---

---

---

---

**I, the undersigned, duly authorized by our company, certify that I understand the content of this document, have taken note of the attachments and declare that the information supplied is correct and complete and that we will keep you informed should any of this information change in future.**

**TO BE COMPLETED AND SIGNED BY AN AUTHORISED COMPANY REPRESENTATIVE**

Name \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_