



CLIENT TYPE – CLEARING AGENT

**Clearing Agent Particulars::**

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name

|  |  |
|--|--|
| Trade name of business:                  |  |
| Physical address: Street name and number |  |
| Building name and floor number           |  |
| Plot number                              |  |
| City/Town/Village                        |  |
| Street name                              |  |

|  |  |
|--|--|
| Trade Name of business:                  |  |
| Physical address: Street name and number |  |
| Building name and floor number           |  |
| Plot number                              |  |
| City/Town/Village                        |  |
| Street name                              |  |

|  |  |
|--|--|
| Trade name of business:                  |  |
| Physical address: Street name and number |  |
| Building name and floor number           |  |
| Plot number                              |  |
| City/Town/Village                        |  |
| Street name                              |  |

Please state the Customs and Excise Regional Office where you will be controlled from):

Please state the employee at each place where business will be conducted with Customs and Excise.

| Name | Place (Customs and Excise Office) |
|------|-----------------------------------|
|      |                                   |
|      |                                   |
|      |                                   |
|      |                                   |
|      |                                   |

|  |  |
|--|--|
|  |  |
| <b>Authority to apply:</b>   |  |
| I/We.....(name of applicant) herein represented by   |  |
| (1).....Capacity.....  |  |
| .....  |  |
| (2).....Capacity.....  |  |
| .....  |  |
| being duly authorised thereto by virtue of –   |  |
| (a) *a resolution passed at a meeting of the Board of Directors held at.....on the .....day of.....(year).....; or |  |
| (b)*express consent in writing of all the members of the close corporation/*partnership/*trustees of the trust; or |  |
| (c) *being a person having the management of any other association; or   |  |
| hereby apply for licensing as a Clearing Agent   |  |

|   |
|---|
| <b>The under-mentioned original or certified copies must accompany the application:</b> |
| (a) Registration certificate of business – as issued by the Registrar of Companies      |
| (b) Resolution/consent or other authority as applicable                                 |
| (c) Plans of premises showing the exact location of the warehouse                       |
| (d) Certified certificates of clearing clerks, managers, directors                      |
| (e) Identity/passport documents of  |
| • Individual  |
| • Partnership – all members/partners/trustees   |
| • Company – all Directors, including Managing Director and Financial Director           |

|   |                            |            |
|---|----------------------------|------------|
| <b>Declaration:</b>   |                            |            |
| I hereby –  |                            |            |
| (a) declare that the particulars in the application and all enclosures are true and correct;                    |                            |            |
| (b) undertake to –  |                            |            |
| (i) inform the Botswana Unified Revenue Service immediately of any changes in the furnished in the application; |                            |            |
| (ii) comply with such Customs and Excise laws and procedures  |                            |            |
| Initials and surname.....   | Status (eg. Director)..... |            |
| Signature.....  | Date.....                  | Place..... |