## MARCH 2000 (2<sup>nd</sup> Revision)



## **DECLARATION FORM**

(To be submitted with ITT for cleaning)

DECLARATION TO ESTABLISH ELIGIBILITY TO BE CLASSIFIED AS A 100% CITIZEN OWNED BUSINESS AND TO BENEFIT FROM ALL THE POLICIES PUT IN PLACE BY GOVERNMNENT FOR THE BENEFIT OF 100% CITIZEN OWNED BUSINESSES.

This declaration shall be signed by all businesses tendering for reserved contracts as a condition of each tender. The 100% citizenship requirements for shareholder, etc, contained therein shall not, withstanding any previous consents and practice, be a precondition for the award of any reserved tender.

This declaration shall also be signed by all businesses wishing to enjoy citizen contractor privileges on non-reserved contracts.

## **DECLARATION** I......an adult citizen of Botswana do hereby make an oath and say; I am a shareholder in/owner of.....(PTY) Ltd a wholly citizen 1. owned business currently registered with the Central Tender Board/PPADB. I am authorized by a resolution dated......of the shareholders of .....(PTY) Ltd to make this Declaration. The resolution is attached hereto as Annex A. 2. Name of Business Status of Business Postal Address..... Physical Address..... Telephone..... Fax No.....

	Registration Company	egistration No company		of	
	Date Incorporation			of	
	Name an		by Company Secretary) of 	Company	
	Form 2 Attached Yes	s No			
	Form 4 Attached Yes	s No	Not Applicable		
	Form 5 Attached Yes	s No	Not Applicable		
	Date of Registration	n with Central Tender	Board/PPABD and F	Registration	
		d/PPABD Grading Attach certificate of gra	ding)		
	Project for			tendered	
	Tender No				
	Tender Date			Due	
3.	The Directors of			(PTY)	
	a) Equity Directors				
	(Name) Shares	Nationali	ty/Omang/Passport	%	
	(Name) Shares	Nationali	ty/Omang/Passport	%	
	(Name) Shares	Nationalii	ty/Omang/Passport	%	
	(Name) Shares	Nationali	ty/Omang/Passport	%	
	b) Operational Direc	etors			

		(Name	,	N	lationality/Omano	g/Passport	%
	c)	Nomin	al Directors				
		(Name	•		 Nationality/Omanoุ		%
Operation company	al D as it	irector s emplo	is the one who	no performs not hold sha	e thus exercise of specific and ideares in the company in the advisory	entifiable functior any. A nominated	ns in the
4.	the sh	e issue ares	d share capita	al is	the company is	divided into	ordinary
					consists of the fo	·	onarco.
Name	٠,						m
То			Dmang/ID No	70311a1ES	NO OF Strates	Numbered no	111
Please pr	ovide	e certifie	ed copies of sh	are certifica	tes		
of Om	ang,	Natur			f Botswana. (Plea provide certified		
Are the pr	reser	nt of bei	neficial shareho	older of the	company?		
		Yes		No			
If No, give	e det	ails of b	eneficial share	sholders.			
Name				% Shareho	olding	Date ac	quired

Are the above shareholders the original shareholders of the company?				
Yes		No		
If No, give details of	ship of the compar	ny from the dat	e of incorporation.	
Name of previous paid Shareholders.	% Shareholding	Date transferred	Transferee	Consideration
Please provide proconsideration.		n paid including a		issued in lieu of the
5. The managemer	nt of the company	consists of the foll	owing	
		Name	Om	ang No/Passport
a) Managing D	irector			
b) General Ma	nager			
c) Financial Co	ontroller			
d) Other				
The company operates banking and savigrams accounts with the following financia institutions.				
(Name of Institution	,		(Account N	ŕ
(Name of Institution	and Branch)		(Account N	lumber)
Other				
7. The only authorize	zed signatories on	each of the above	accounts are:	:
•				
(Name)	Omang/Passport)			

b)	
	(Name) (Nationality/Omang/Passport)
c)	(Name) (Nationality/Omang/Passport)
Oth	er
8. a)	All the shareholders of
b)	All shareholders hereby give consent to verification of the information provided above and understand that this may include but not limited to the verification of assts, liabilities, accounts and bonds and undertake to notify the competent authorities of any change to the information provided in this Declaration within seven days of such occurrence.
c)	I understand and declare that each matter here deposed to is essential for the validity of
d)	I verify that what I have stated is true and correct.
	Signed:(DEPONENT)
	ADDRESS:
Sworn	before me aton this
of	atam/pm the
_	ent having acknowledged that he/she knows and understands the contents of this

	Commission of Oaths
Full Name	
Address	

	(to be completed by each shareholder)
1.	Iam an adult Botswana citizen
2.	I am a shareholder in
3.	I understand the information provided therein shall be used in assessing the eligibility of
	being disqualified but also in our being held accountable in our personal and joint capacity as its owners and shareholders.
	de by meday of the
Sig	ned:
Add	dress: