



CUSTOMER REGISTRATION FORM

Email to: sales@botswanaoil.co.bw or
 Hand deliver to: Plot 54373, Petroleum House,
 Matante Mews, CBD, Gaborone

CUSTOMER NAME:

TRADING NAME:

Co. Reg #

VAT Reg #:

LICENCE TYPE:

DISTRIBUTOR

WHOLESALE

CONSUMER

RETAIL

GOVT DEPARTMENT

PARASTATAL

AGENT

Holding Co.s / Subsidiaries

Physical Address:

Postal Address:

Orders Contact Person:

Payments Contact Person:

(C) (T) (F)

(C) (T) (F)

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LIST OF DIRECTORS / PARTNERS / MEMBERS / OWNERS:

Full Names	Physical Address:	Identity Number	Nationality	Shareholding %

(Attach certified copies of ID of all Directors & Shareholders • Attach your list if the space provided above for 6 names is inadequate)

REQUIRED PAYMENT TERMS

All credit requests shall be subject to credit checks and 100% security cover shall be required

Pay before delivery

7 Days Credit

14 Days Credit

30 Days Credit

CUSTOMER BANKING INFORMATION

Account Name	Bank Name	Account Number	Branch Name	Branch Code

TRADE REFERENCES

Organisation Name	Contact Person	Contact Number

The directors / partners / members / owners of herein confirm that all information provided is correct

 Authorised Customer Signature

REQUIRED SUPPORTING DOCUMENTS:

All Company Forms certified by issuing authority • Certified Share Certificates •
Trading Licence certified by Issuing office • Tax Clearance Certificate or
Exemption • PPADB Registration Certificate

FOR BOL USE ONLY

CHECKLIST

Certified copies of Directors and Shareholders IDs / Passports
All Company Forms certified by issuing authority
Certified Share Certificates
Trading Licence certified by Issuing office
Tax Clearance Certificate or Exemption
PPADB Registration Certificate

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

	Name	Signature	Date
Reviewed by Customer service	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Approve	Reject	
RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	

	Name	Signature	Date
Reviewed by Enterprise Risk	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Approve	Reject	
RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	

	Name	Signature	Date
Reviewed by Commercial	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Approve	Reject	
RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	

	Name	Signature	Date
Chief Financial Officer (CFO)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Approve	Reject	
RESOLUTION	<input type="checkbox"/>	<input type="checkbox"/>	