



BOTSWANA OIL
Your Fuel. Your Future

SUPPLIER REGISTRATION FORM

Print and Complete in Block letters

SUBMIT THE COMPLETED APPLICATION FORM WITH ALL INSERTIONS IN A SEALED ENVELOPE CLEARLY MARKED AND ADDRESSED TO:

“SUPPLIER APPLICATION FORM”

**Procurement Office
Botswana Oil Limited
Private Bag BO 173 Bontleng
Plot 54373, Petroleum House, Matante Mews, CBD
Gaborone, Botswana.**

PLEASE TICK WHERE APPLICABLE:

NEW APPLICATION

NOTIFICATION OF CHANGE OF OWNERSHIP

OTHER

_____ (SPECIFY)

FOR FURTHER INFORMATION CONTACT: PROCUREMENT OFFICE 3981 732

procurement@botswanaoil.co.bw

SECTION 1: COMPANY DETAILS

Please submit certified copies where required

Registered Name of Business:	
Trading Name of Business:	
Company Registration No:	
Country of Registration:	
Vat Registration No:	
Trading License No:	
PPADB License:	
Business Type: e.g. Sole Proprietor, Parastatal, Private, Public	
Description of Core Business	

SECTION 2: CONTACT DETAILS

Physical address (include Plot # ,city)	
Postal address:	
Contact person:	
Position:	
Telephone number:	
Mobile number:	
Fax number:	
Sales Contact Person:	
Tel or Mobile number:	
Accounts Contact Person:	
Tel or Mobile number:	
Website:	
Company email:	

SECTION 3: BANKING DETAILS

Bank Name:	
Account Number:	
Branch name:	
Branch code:	
Type of Account:	
Country where account is held:	

SECTION 4: OWNERSHIP DETAILS

Name and Surname	Citizenship	Positions	Shareholding%
Please attach proof			

Size of Business:

Gross Assets Value

<P1M	
<P5M	
<P10M	
>P10M	

Supplier Turnover:

<P1M	
<P5M	

<P10M	
>P10M	

Liabilities Value	BWP:
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Financial Details:

Please provide at least one copy of audited financial year end statement if in business for a year

Or

Three months bank statement

SECTION 4: REFERENCES

Please provide contact details of three referees we may contact to seek reference in relation to services rendered

S/NO	Assignment Name and Year	Estimated Value- Pula	Contact Details	Type of Goods/services
1.				
2.				
3.				
4.				

SECTION 5: PAYMENT DETAILS

Our standard payment terms are 30 days of Statement date (i.e. last day of the Month):

Proposed Alternative Terms (Please tick where applicable):

Standard Payment Terms	30 Days of Statement	
Proposed 14 Days net of invoice	2.5% Settlement Discount	
Proposed 7 Days net of invoice	5% Settlement Discount	

SECTION 6: Accreditation.

Have your Company undertaken a formal accreditation?

Yes / No (If YES provide proof)

I, the undersigned, duly authorized by my/our company, confirm that I understand the content of this document and declare that the information supplied is correct.

Name: _____

Signature & Date: _____

Position: _____

COMPANY STAMP/SEAL