

**CHAPTER 01:02 - NATIONAL REGISTRATION: SUBSIDIARY LEGISLATION
INDEX TO SUBSIDIARY LEGISLATION**

National Registration Regulations

NATIONAL REGISTRATION REGULATIONS

(under section 23)

(12th June, 1987)

S.I. 72, 1987,

S.I. 38, 1993,

S.I. 68, 1997,

S.I. 82, 1998.

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Application for registration
3. Forms of identity cards
4. Form of affidavit
5. Fee to be levied on duplicate of identity card

First Schedule - National Registration Application Form

Second Schedule - Application for National Identity Card Replacement/Duplicate

1. Citation

These Regulations may be cited as the National Registration Regulations.

2. Application for registration

An application for registration shall be made in the form set out in the First Schedule hereto, to the registrar appointed under section 3 of the Act for the area in which the applicant ordinarily resides.

3. Forms of identity cards

An applicant who has fulfilled all the requirements for the issue of an identity card shall be issued with an identity card laminated and measuring 65mm by 95mm which shall contain the following particulars relating to the holder-

- (a) on the face of the card-
 - (i) a recent photograph;
 - (ii) an identity card number;
 - (iii) surname and forenames;
 - (iv) date and place of birth;
 - (v) signature;
- (b) the reverse side of the card shall contain-
 - (i) the thumbprint of the holder;
 - (ii) the nationality of the holder;
 - (iii) the sex of the holder;
 - (iv) the colour of the holder's eyes;
 - (v) the date of expiry of the identity card;
 - (vi) the place of application for registration; and
 - (vii) the signature of the registrar.

4. Form of affidavit

The affidavit that may be required from a person who reports the loss, damage or destruction of his identity card shall be in the form set out in the Second Schedule hereto.

5. Fee to be levied on duplicate of identity card Any person to whom a duplicate identity card is issued shall be required to pay a fee of P5,00 for such card.

**FIRST SCHEDULE
NATIONAL REGISTRATION APPLICATION FORM**(reg. 2)

National Registration Act
(Cap. 01:02)
REPUBLIC OF BOTSWANA

OFFICE USE ONLY



**NATIONAL REGISTRATION
Application Form**

PLACE OF APPLICATION			
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DATE OF APPLICATION					
IDENTITY NUMBER					

SECTION A (TO BE COMPLETED BY ALL APPLICANTS)

SURNAME					FORENAME				
SEX		DATE OF BIRTH D M Y		PLACE OF BIRTH		OCCUPATION			
RESIDENTIAL ADDRESS									
POSTAL ADDRESS									
MARITAL STATUS		FULL MAIDEN NAME OF SPOUSE							
DISTINGUISHING FEATURES							COLOUR OF EYES		
NAME AND ADDRESS OF NEXT OF KIN									

ENUMERATION				
FIELD SUP				
PROD IN				
PROD OUT				

SECTION B (TO BE COMPLETED BY CITIZENS OF BOTSWANA ONLY)

NATIONALITY AT BIRTH		PROOF OF BIRTH		CITIZENSHIP CERT. No				
DISTRICT		VILLAGE/TOWN		WARD NAME				
FULL NAME OF FATHER				NATIONALITY		IS FATHER LIVING?		
MAIDEN NAME OF MOTHER				NATIONALITY		IS MOTHER LIVING?		

SECTION C (TO BE COMPLETED BY NON-CITIZENS ONLY)

NATIONALITY		PASSPORT No					DATE OF ISSUE D M Y			PLACE OF ISSUE		
WORK PERMIT No.			RES EXEMPT PERMIT No									

EMPLOYER'S NAME AND ADDRESS

* IT IS AN OFFENCE TO KNOWINGLY GIVE INCORRECT INFORMATION *

NATIONALITY

SEX
COLOUR OF
EYES
PLACE OF
APPLICATION
SIGNATURE
OF REGISTRAR

REPUBLIC OF
BOTSWANA
NATIONAL IDENTITY CARD

ID NUMBER
SURNAME

FORENAME

DATE
OF BIRTH
PLACE
OF BIRTH
SIGNATURE
OF BEARER



SECOND SCHEDULE
APPLICATION FOR NATIONAL IDENTITY CARD REPLACEMENT/DUPLICATE

PLACE OF APPLICATION				DATE OF APPLICATION																	
PLACE OF ORIGINAL APPLICATION																					
IDENTITY NUMBER (IF KNOWN)																					
SURNAME																					
FORENAME/S																					
SEX		PLACE OF BIRTH		DATE OF BIRTH																	
POSTAL/RESIDENTIAL ADDRESS																					
HAVE YOU APPLIED FOR A CARD REPLACEMENT IN THE PAST? YES/NO																					
IF YES STATE REASONS																					
REASONS FOR CURRENT REPLACEMENT (TICK AS APPLICABLE BELOW)																					
1. LOST		2. DAMAGE	<input type="checkbox"/>	3. DESTRUCTION	<input type="checkbox"/>	4. THEFT	<input type="checkbox"/>														
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>															
5. CHANGE OF SURNAME	<input type="checkbox"/>	6. OTHER	<input type="checkbox"/>	SPECIFY.....																	
FULL NAME OF FATHER																					

PLACE OF BIRTH		NATIONALITY	IS FATHER ALIVE
FATHER'S NATIONALITY AT BIRTH			
FULL NAME OF MOTHER			
PLACE OF BIRTH		NATIONALITY	IS MOTHER ALIVE
MOTHER'S NATIONALITY AT BIRTH			
MARITAL STATUS		PREVIOUS SURNAME	
FULL NAME OF SPOUSE			
HIS/HER IDENTITY NUMBER			

SIGNATURE OF APPLICANT DATE:
 DECLARED BEFORE ME AT ON YEAR

SIGNATURE OF COMMISSIONER OF OATH
 PHOTO BOX

DATE STAMP
 THUMB PRINTS

RIGHT

LEFT

FOR OFFICIAL USE ONLY

APPLICATION FEE PAID DATE: RECEIPT NO:

SIGNATURE OF REVENUE COLLECTOR: