

Statutory Instrument No. 25 of 1985

EMPLOYMENT OF NON-CITIZENS ACT, 1981
(No. 11 of 1981)

EMPLOYMENT OF NON-CITIZENS (AMENDMENT) REGULATIONS, 1985
(*Published on 22nd February, 1985*)

ARRANGEMENT OF REGULATIONS

REGULATIONS

1. Citation
2. *Amendment of Schedule to S.I. 57 of 1983*

SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Home Affairs by section 22 of the Employment of Non-Citizens Act, the following Regulations are hereby made —

Citation 1. These Regulations may be cited as the Employment of Non-Citizens (Amendment) Regulations, 1985.

Amendment
of S.I. 57
of 1983 2. The Schedule to the Employment of Non-Citizens Regulations 1983, is amended by substituting for forms "1 (a), 1 (b) and 3" the following new forms "1 (a), 1 (b), 3a and 3b" respectively as set out in the Schedule hereto.

SCHEDULE

“Form No. 1 (a)

APPLICATION FOR WORK PERMIT AS EMPLOYEE

Four copies to be submitted to the Commissioner of Labour, Private Bag 0072, Gaborone with 3 passport size photographs and a fee of P100,00. Renewal fee is P50,00. Self-employed persons should use Form 1 (b). Applications for renewal should be made 3 months before expiry date.

CSO USE ONLY IF APPROVED

Type 2

PART 1 : TO BE COMPLETED BY APPLICANT.

1. NAME OF APPLICANT:

SURNAME/FAMILY NAME: (one letter per box)

Grid of 16 boxes for surname

FIRST NAMES: (one letter per box)

Grid of 16 boxes for first names

← 2 – 16

← 17 – 31

2. Is this application:

(a) for a new permit Tick one

(b) to renew an existing permit box

N/R 32

3. If applying for renewal, give details of existing permit:

(a) Permit Number:

(b) Issued on (date):

(c) Expiry date:

Permit No.

Grid of 4 boxes for permit number 33-38

First issued No.

Grid of 4 boxes for first issued number 39-44

Last renewed on

Grid of 4 boxes for last renewed on 45-50

Expiry date

Grid of 4 boxes for expiry date 51-56

4. Current residential address:

Two lines of dotted lines for address

Telephone number:

5. Current business address:

Two lines of dotted lines for business address

Telephone number:

Sex 57

6. SEX: Male/Female (delete one)

Bth 58 — 59

7. YEAR OF BIRTH: 19

8. NATIONALITY

Nat 60 — 61

9. PASSPORT NO:

10. PASSPORT EXPIRY DATE:

11. MARITAL STATUS: (delete all but one)

Never married/Married/Widowed/Divorced/
Separated

12. DEGREE:

(a) Do you have a degree(s) issued by a university or other recognised tertiary institution? Yes/No

(b) If "Yes", please attach copies of all relevant papers. Also please indicate here the principal subject in this qualification(s) which is most relevant for the proposed employment:

.....

Deg.

62 — 64

13. DIPLOMA:

(a) Do you have a diploma(s) or other certificate issued by a recognised tertiary institution (include City and Guilds)? Yes/No

(b) If "Yes", please attach copies of relevant certificates. Also please indicate here the principal subject in the qualification which is most relevant for the proposed employment:

.....

Dip.

65 — 67

14. For how many years did you attend formal fulltime education? (Give the total of primary, secondary and full-time tertiary education if any).

..... years of full-time education

Ed.

69 — 89

15. For how many years have you carried out work which is relevant to the proposed employment?

Exp.

70 — 71

..... years of relevant work experience.

16. Attach Curriculum Vitae (CV) or Resume to prove the relevancy of work experience.

17. Date of first entry into Botswana:.....

18. Previous Botswana employers (if any):

Business Name/ Address/ Telephone No.

.....
.....
.....
.....

19. Nature of previous employment in Botswana (if any)

.....

20. Job title of previous employment in Botswana (if any).

.....

21. Name(s) of previous Botswana understudies (if any)

.....

22. I declare that the information furnished in this form is to the best of my knowledge true and correct in all respects.

Applicants signature:

Date:.....

4. (e) Location of employment:

Village/Town:

District:

4. (f) Remuneration:

(i) Basic Pay (ii) Inducement Allowance

(iii) Settlement Expenses ... (iv) Housing Subsidy ...

(v) Water/Electricity Subsidy

(vi) Transport Subsidy

(vii) Bonus (viii) Education Allowance

(ix) Leave Expenses (x) Medical Aid

(xi) Pension (xii) Gratuity

(xiii) Others

5. Period for which work permit is sought:

6. Has the vacancy been advertised?

Yes/No (If Yes, please attach a copy of the latest advertisement)

7. Have you furnished the Commissioner of Labour with your training programme? Yes/No (If No, please explain)

.....

.....

Details of trainee (where applicable)

8. (a) Name of trainee most likely to take over:

(i) at the expiration of this permit

(ii) in the long term

8. (b) Trainee's educational standard
.....

8. (c) Trainee's job experience
.....
.....

9. In case of a renewal briefly and factually state reasons why the trainee cannot take over.
.....
.....

10. How much time is required to have trainee fully trained?
.....

11. If items 8 to 10 are not applicable, give explanation on a separate sheet of paper.

12. I declare that the information in this form is to the best of my knowledge true and correct in all respects.

Employer's signature Date:

PART III: FOR OFFICIAL USE ONLY

1. Comments by District Labour Officer:
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2. Comments by Head of Unit:
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3. Comments by Commissioner of Labour:

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4. Residence Permit Details:

(a) Number

(b) Date of issue

(c) Date of expiry

5. Work Permit Details:

(a) Number

(b) Date of first issue

(c) Date of this issue.....

(d) Date of expiry



REPUBLIC OF BOTSWANA

APPLICATION FOR A WORK PERMIT
(A SELF-EMPLOYED PERSON)

Four (4) copies to be submitted to the Commissioner of Labour, Private Bag 0072, Gaborone together with 3 passport size photographs and a fee of P100,00. Renewal fee is P50,00. Employees should use Form 1 (a). Application for renewal should be made 3 months before expiry date.

1. NAME OF APPLICANT:

SURNAME/FAMILY NAME: (one letter per box)

Grid for Surname/Family Name

FIRST NAMES: (one letter per box)

Grid for First Names

2. Is this application:

- (a) for a new permit
(b) to renew an existing permit:

3. If renewal, give details of existing permit: —

- (a) Permit Number:
(b) Issued on (date):
(c) Expiry date:

4. POSTAL ADDRESS (starting in left hand box)

Grid for Postal Address (57-71)

Grid for Postal Address (72-86)

Grid for Postal Address (87-101)

CSO USE ONLY
IF APPROVED

Type

Form for Permit Type (1, 2-31)

Form for Permit N/R (32)

33 - 38

1st issue

Form for 1st issue (39-44)

39 - 44

Last issue

Form for Last issue (45-50)

45 - 50

Expiry

Form for Expiry

- SEX 102
BTH 103 - 104
NAT 105 - 106
LOC 107 - 108

5. SEX: Male/Female (delete one)

6. YEAR OF BIRTH: 19

7. NATIONALITY

IND

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 109 – 111

8. PASSPORT NO:

9. PASSPORT EXPIRY DATE:

10. MARITAL STATUS: Never married/Married/
Widowed/Divorced/Sep-
arated. (Delete all but one).

EMP

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 112 – 114

11. Current residential address:

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.....

..... Telephone number:

12. Name of Company/business:

.....

13. Location of company/business (i.e. plot no. street name
and town/village name):

.....

14. (a) Does your company/business have its own separate
business premises?

Yes/No

If No, please explain:

.....

.....

15. What services does company provide

.....

.....

16. Capacity in which you will be employed

17. (a) Will you draw a salary? Yes/No

(b) If "Yes" state salary per annum

18. Number of persons employed by company/Business/Undertaking (if any):

19. Details about subscribers (if any):

Full Name and Address

Occupation

(a)

.....

.....

(b)

.....

.....

(c)

.....

.....

20. When was Company/Business registered?

....(Attach a photocopy of Certificate of Incorporation).

21. Previous Employment in Botswana (If applicable)

.....

.....

.....

22. Capacity in which previously employed

23. Who were your understudies

.....

24. Position of understudies at the time you left Company/Undertaking

.....

25. Number of Residence Permit Date of Issue

(If a married woman give particulars of husband's Residence Permit:

Permit No: Date of Issue:.....

Expiry Date:

26. If Company or Business Undertaking is currently manned by yourself only, give your manpower projections over the next five (5) years:

.....

.....

.....

.....

27. Amount Invested in Company/Business

28. Has initial capital been raised locally or from financial institutions outside the country?

.....

29. State names and addresses of financial institutions which provide initial capital.

.....

.....

.....

30. I declare that the information provided in this form is to the best of my knowledge and belief true and correct.

Signed

Date

FOR OFFICIAL USE ONLY

1. Comments by District Labour Officer

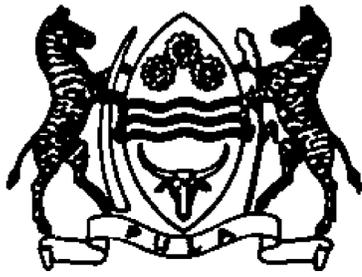
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2. Comments by Head of Unit

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3. Comments by Commissioner of Labour

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REPUBLIC OF BOTSWANA

Form 1(c)

Department of Labour,
Private Bag 0072,
GABORONE,
Botswana.



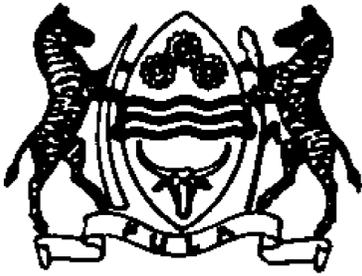
Reminder re: Work permit renewal

You will be aware that your work permit will expire in the near future. Should you wish to renew your permit, please complete four copies of Form No. 1(a) or No. 1(b) available from the Department of Labour. The completed forms should be returned together with your work permit and renewal fee of P50.00

Should you wish your work permit to lapse, please do not forget to return the permit to the Commissioner of Labour when it expires or before your departure from Botswana (whichever is sooner).

Thank you for your co-operation in this matter.

COMMISSIONER FOR LABOUR



APPLICATION FOR VARIATION OF TERMS AND CONDITIONS OF A WORK PERMIT (FOR AN EMPLOYEE ONLY)

REPUBLIC OF BOTSWANA

Four copies to be submitted to the Commissioner of Labour, Private Bag 0072, Gaborone with a fee of P50.00. Applications to vary a permit for a self-employed person should be made on Form No 3(b)

NOTE: This form should be used only if the employee continues to work for the same employer. If changing employer, please use Form No. 1(a) and apply for a new permit

CSO USE ONLY

Type 3

1. NAME OF APPLICANT:

SURNAME/FAMILY NAME: (one letter per box)

Grid for Surname/Family Name

← 2 - 16

FIRST NAMES: (one letter per box)

Grid for First Names

← 17 - 31

2. Details of existing Permit

(a) Permit Number.

Grid for Permit Number

22-37

(b) Issued on (date)

Grid for Issued on (date)

38-43

(c) Expiry date:

Grid for Expiry date

44-48

3. Present employer

old

4. Capacity in which presently employed:

Grid for Capacity

49 - 51

5. Is variation sought to work for the same employer Yes/No If No do not complete this form. See Note above.

Grid for Variation Sought

new

52-54

6. State position for which this Variation is sought

.....

7. What is the situation regarding your understudies:

.....
.....
.....

Use extra sheet for additional information.

Signature:..... Date

Counter Signature (employer): Date

FOR OFFICIAL USE ONLY

1. Comments by District Labour Officer

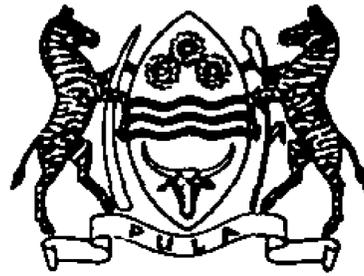
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2. Comments by Head of Unit

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3. Comments by Commissioner of Labour

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REPUBLIC OF BOTSWANA

APPLICATION FOR VARIATION OF TERMS AND CONTIONS OF A WORK PERMIT (FOR A SELF-EMPLOYED PERSON ONLY)

Four copies to be submitted to the Commissioner of Labour, Private Bag 0072, Gaborone with a fee of P50,00.

CSO USE ONLY

1. NAME OF APPLICANT:

SURNAME/FAMILY NAME: (one letter per box)

Grid for Surname/Family Name

FIRST NAMES: (one letter per box)

Grid for First Names

Type 4 2-31

2. Details of existing permit:

(a) Permit number:

Grid for Permit number 32-37

(b) Issued on (date)

Grid for Issued on date 38-43

(c) Expiry date:

3. Name of the company/companies for which the current permit is held:

Grid for Company name 44-48

4. Name of the proposed new company/business for which the Variation is sought:

5. Location of new business/company (i.e. plot no, street, town/village):

Grid for Location 49-50

6(a) Does this new company/business have its own separate business premises? Yes/No

(b) If No. please explain:.....

.....

7. What services does the new company/business

provide?.....

.....

8. Capacity in which you will be employed:

.....

9. Will you draw a salary? Yes/No

If Yes, state salary per annum from this company/business:

Pula.....per annum

10. Number of persons to be employed by the new company

/business (If any)?

.....employees

11. Details of subscribers (if any):

Full name and address

(a)

.....

.....

(b)

.....

.....

	Ind
	51 — 53
	Emp
	54 — 56
	Occupation

(c)
.....
.....

12. When was the company registered?

(Attach a photocopy of Certificate of Incorporation)

13. If the company/business is currently manned by yourself only, give your manpower projections over the next five years:

.....
.....

14. Amount invested in company/business: Pula

15. Has initial capital been raised locally or from financial institutions outside the country?

.....

16. State names and address of financial institutions which provided the initial capital:

.....
.....
.....

17. I declare that the information provided in this form is to the best of my knowledge and belief true and correct.

Signed Date

FOR OFFICIAL USE ONLY

1. **Comments by District Labour Officer:**
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2. **Comments by Head of Unit**
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3. **Comments by Commissioner of Labour**
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MADE this 12th day of December, 1984.

E.M.K. KGABO,
Minister of Home Affairs.

L2/7/259 1