

**NATIONAL REGISTRATION ACT**  
(Cap. 01:02)

**NATIONAL REGISTRATION (AMENDMENT) REGULATIONS, 2010**  
(Published on 8th October, 2010)

**ARRANGEMENT OF REGULATIONS**

**Regulation**

1. Citation
2. Amendment of Cap. 01:02 (Sub.Leg.)

IN EXERCISE of the powers conferred on the Minister of Labour and Home Affairs by section 23 of the National Registration Act, the following Regulations are hereby made —

Citation            1. These Regulations may be cited as the National Registration (Amendment) Regulations, 2010.

Amendment  
of Cap. 01:02  
(Sub.Leg.)        2. The National Registration Regulations are hereby amended by substituting for the First and Second Schedules thereto, the following new Schedules —

# FIRST SCHEDULE



REPUBLIC OF BOTSWANA

## MINISTRY OF LABOUR AND HOME AFFAIRS NATIONAL REGISTRATION APPLICATION FORM

FOR OFFICIAL USE ONLY

NATIONAL IDENTITY NUMBER	DATE OF APPLICATION DMMYYYY	REGISTRATION NUMBER
PLACE OF APPLICATION	CODE	
FULL NAME ENUMERATOR	FULL NAME FIELD SUP	QUALITY CHECK
		PROD OUT

TO BE COMPLETED BY ALL APPLICANTS

SURNAME		SEX	
FORENAME			
COLOUR OF EYES	PLACE OF BIRTH		
DATE OF BIRTH	OCCUPATION	CONTACT NUMBER (CEL/TEL)	
RESIDENTIAL ADDRESS		POSTAL ADDRESS	
MARITAL STATUS	FULL NAME OF SPOUSE	HIS/HER IDENTITY NUMBER	
FULL/MAIDEN NAME OF SPOUSE		NATIONALITY OF SPOUSE	
FULL NAME AND ADDRESS OF NEXT OF KIN			
DISTINGUISHING FEATURES			
NATIONALITY AT BIRTH	PROOF OF BIRTH	CITIZENSHIP CERT NO.	
DISTRICT OF RESIDENCE	VILLAGE/TOWN	WARD NAME	HOUSE/PLOT NO.
FULL NAME OF FATHER			IDENTITY NUMBER
PLACE OF BIRTH	CURRENT NATIONALITY	NATIONALITY AT BIRTH	IS FATHER ALIVE?
FULL NAME OF MOTHER		MOTHER'S MAIDEN NAME	IDENTITY NUMBER
PLACE OF BIRTH	CURRENT NATIONALITY	NATIONALITY AT BIRTH	IS MOTHER ALIVE?

DUAL CITIZENSHIP ONLY

FATHER'S NATIONALITY AT BIRTH	MOTHER'S NATIONALITY AT BIRTH
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Sworn to before me at .....this .....

day of ..... 20..... at ..... a.m./p.m.

Date Stamp

Name .....

Commissioner of Oaths

Signature of Commissioner of Oaths

# SECOND SCHEDULE

REPUBLIC OF BOTSWANA

## MINISTRY OF LABOUR AND HOME AFFAIRS NATIONAL REGISTRATION APPLICATION FORM APPLICATION FOR NATIONAL CARD REPLACEMENT/DUPLICATE

FOR OFFICIAL USE ONLY

NATIONAL IDENTITY NUMBER	DATE OF APPLICATION DMMYYYY	REGISTRATION NUMBER
PLACE OF APPLICATION		CODE
FULL NAME ENUMERATOR	FULL NAME FIELD SUP	QUALITY CHECK
		PROD OUT

TO BE COMPLETED BY ALL APPLICANTS

SURNAME		SEX
FORENAME		
SEX	PLACE OF BIRTH	DATE OF BIRTH
POSTAL/RESIDENTIAL ADDRESS		
		CONTACT NUMBER (CEL/TEL)
MARITAL STATUS	PREVIOUS SURNAME	
FULL NAME OF SPOUSE	MAIDEN NAME	
HIS/HER IDENTITY NUMBER	NATIONALITY	

TO BE COMPLETED BY ALL APPLICANTS

IF YES, STATE REASONS
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1. LOST       2. DAMAGE       3. DESTRUCTION       4. THEFT   
 5. CHANGE OF SURNAME       6. RENEWAL       7. OTHER  SPECIFY .....

FULL NAME OF FATHER		IDENTITY NUMBER	
PLACE OF BIRTH	CURRENT NATIONALITY	NATIONALITY AT BIRTH	IS FATHER ALIVE?
FULL NAME OF MOTHER		MOTHER'S MAIDEN NAME	IDENTITY NUMBER
PLACE OF BIRTH	CURRENT NATIONALITY	NATIONALITY AT BIRTH	IS MOTHER ALIVE?

**IT IS AN OFFENCE TO KNOWINGLY GIVE INCORRECT INFORMATION**

**APPLICANT'S SIGNATURE**

Sworn to before me at .....this .....  
 day of ..... 20..... at ..... a.m./p.m.

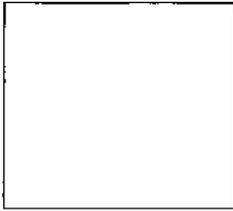
Date Stamp

Name .....

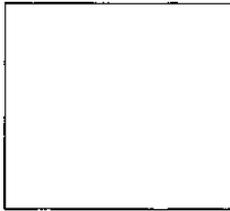
Commissioner of Oaths

Signature of Commissioner of Oaths

**LEFT THUMB**



**PHOTO**



**RIGHT THUMB"**



**MADE** this 14th day of September, 2010.

**PETER L. SIELE,**  
*Minister of Labour and Home Affairs.*

*L2/7/275 I (65)*