

REGISTRATION OF BUSINESS NAMES ACT
(Act No. 25 of 2018)

REGISTRATION OF BUSINESS NAMES REGULATIONS, 2019
(Published on 24th May, 2019)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation and commencement
2. Application for reservation of name
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SCHEDULES

IN EXERCISE of the powers conferred on the Minister of Investment, Trade and Industry by section 27 of the Registration of Business Names Act, the following Regulations are hereby made —

- | | |
|--|--|
| <p>1. These Regulations may be cited as the Registration of Business Names Regulations, 2019 and shall come into operation on 3rd June, 2019.</p> | <p>Citation and commencement</p> |
| <p>2. (1) An applicant shall, in accordance with section 4 of the Act, apply for reservation of a business name in Form A set out in Schedule 1.</p> <p>(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.</p> | <p>Application for reservation of name</p> |
| <p>3. (1) A firm, individual or body corporate intending to register under the Act shall, in accordance with section 7 of the Act, deliver to the Registrar a notice in Form B set out in Schedule 1.</p> <p>(2) An application made in accordance with section 7 (3) of the Act, shall be accompanied by a fee set out in Schedule 2.</p> | <p>Statement of particulars</p> |
| <p>4. The Registrar, in accordance with section 7 (3) of the Act shall, after entering a business name in the register, issue a certificate of registration in Form C set out in Schedule 1.</p> | <p>Certificate of registration</p> |
| <p>5. (1) A firm, individual or body corporate shall deliver a notice of any changes in the particulars specified in section 11 of the Act to the Registrar in Form D set out in Schedule 1.</p> <p>(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.</p> | <p>Notice of change of particulars</p> |

Cancellation of business name	<p>6. (1) A firm, individual or body corporate shall, in accordance with section 16 of the Act, deliver a notice of cancellation to carry on business name in Form E set out in Schedule 1.</p> <p>(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.</p>
Restoration of business name	<p>7. (1) A firm, individual or body corporate whose name has been cancelled from the register shall make an application to the Registrar in terms of section 17 of the Act for restoration of its business name in Form F set out in Schedule 1.</p> <p>(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.</p>
Renewal of business name	<p>8. (1) A firm, individual or body corporate shall make an application to the Registrar in terms of section 18 of the Act in Form G set out in Schedule 1, for the renewal of a business name.</p> <p>(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.</p>
Application for extension of time	<p>9. (1) An applicant shall, in accordance with section 19 of the Act, apply to the Registrar for an extension of time in Form H set out in Schedule 1.</p> <p>(2) An application made in accordance with subregulation (1) shall be accompanied by a fee set out in Schedule 2.</p>
Inspection of documents and provision of copies	<p>10. Any person may, in accordance with section 20 of the Act, and after payment of a fee set out in Schedule 2 —</p> <p>(a) inspect the register or any document filed with the Registrar; or</p> <p>(b) be provided with a certified copy of a certificate, or an extract from any document filed with the Registrar.</p>



SCHEDULE 1

FORM A

APPLICATION FOR RESERVATION OF A BUSINESS NAME

(reg. 2)

Proposed business name.....

ACCOMPANYING DOCUMENTS

The following documents may accompany this form:

- a. consent from another company business name or relevant authorities (e.g. Bank of Botswana etc.) to the use of the name; and
- b. any supporting information to assist the Registrar.

IMPORTANT INFORMATION

The Registrar of Business Names must not reserve a name –

- the use of which would contravene the Banking Act or any other enactment; or
- that is identical or almost identical to the name of another local or external company or business name unless consent has been obtained to use the name; or
- that is identical or almost identical to a local or external company name or business name that has already been reserved and that is still available for registration unless consent has been obtained to use the name; or
- that in the opinion of the Registrar is calculated to mislead the public or cause offence

The Registrar will advise the presenter by notice as to whether or not the Registrar has reserved the name. If the name has been reserved, then, unless the reservation is revoked by the Registrar the name is available for registration of a business name with that name or on a change of name for 30 working days after that date stated in the notice.

A name reservation does not provide any proprietary rights or interests in the name.

Note: The Registration of Business Names Act prevents the word “Botswana” from being used at the start of a business name except with the Minister’s written consent

Presented by.....

Signature.....

Date.....

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens Passport number)

Telephone number:

Mobile phone number:

Email address:



FORM B

NOTICE OF INTENTION TO REGISTER
(reg. 3)

Proposed business name.....

Name reservation number.....

1. DETAILS OF PROPOSED BUSINESS NAME:

Business activities.....

(Please record the business activity as per attached list)

**Principal place of
business:**

Plot Number:

Ward / Street / Location:

**Postal address:
(Postal address to which
communications from the
Registrar may be sent)**

Telephone number:

**Renewal reminders:
The Registrar will
send courtesy reminders
to the business.**

Mobile phone number:

2. PARTICULARS OF INDIVIDUAL PROPRIETOR

The following persons are the proprietors of the proposed business name.

Complete this information if the proprietor is an individual

*Identity Number: (*For non-citizens Passport number) First, Middle & Last Name Nationality: Gender: Date of Birth: Mobile Number: Email address:

Residential address: Postal address:

*Identity Number: (*For non-citizens Passport number) First, Middle & Last Name Nationality: Gender: Date of Birth: Mobile Number: Email address:

Residential address: Postal address:

*Identity Number: (*For non-citizens Passport number) First, Middle & Last Name Nationality: Gender: Date of Birth: Mobile phone number: Email address:

Residential address: Postal address:

3. PARTICULARS OF NOMINEE

The following persons are the nominees of the proposed business name.

Complete this information if the proprietor is a nominee

*Identity Number: (*For non-citizens Passport number) First, Middle & Last Name Nationality: Gender: Date of Birth: Mobile Number: Email address:

Residential address: Postal address:

*Identity Number: (*For non-citizens Passport number) First, Middle & Last Name Nationality: Date of Birth: Mobile Number: Email address:

Residential address: Postal address:

*Identity Number:
(*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Date of Birth:
Mobile Number:
Email address:

Residential address:

Postal address:

The following persons are the nominees of the proposed business name

4. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the proposed business name –

Complete this information if the proprietor is registered company in Botswana

Company Name:
Registration Number:

Registered Office address:

Postal address:

Company Name:
Registration Number:

a

Registered Office address:

Postal address:

Complete this information if the proprietor is a body corporate

Company Name:
Registration Number:
Country of Registration:
Name of Representative:
Phone Number:
Email address

Registered Office address:

Postal address:

***In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.**

5. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- a. If a person is a proprietor and a non-citizen, a certified copy of their passport. If the passport is not in English it should be accompanied by a certified translation.

- b. Company proprietor outside Botswana to provide evidence of incorporation in home jurisdiction.
- c. If the proprietor is a body corporate, a full list of shareholders is required.

6. PROPRIETOR CONSENT

I confirm that the proprietors have consented to be a proprietor for this business name.
 Please tick

7. DECLARATION

Tick to confirm this information

I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by.....

Signature.....

Date.....

Completed by:

Postal Address:

*Identity Number:
(For non-citizens Passport number)

Telephone number:

Mobile phone number:

Email address:

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other



FORM C

CERTIFICATE OF REGISTRATION
(reg. 4)

Business name.....

I hereby certify that was registered under
(name of business name)
the Registration of Business Names Act on
the.....
(date of registration)

Proprietor(s).....
(name of proprietor)

Principal place of business.....

Business activities.....

Note: The certificate will record the following changes –

and was registered under the..... on the.....
(date of registration)
and changed its name to.....on the.....
(new business name) (date of change of name)
and was removed from the register on the
(date of cancellation)
and was restored to the register on.....
(date of restoration)

Dated at Gaborone this.....
(date certificate was generated)

Registrar's Signature.....



FORM D

NOTICE OF CHANGE OF PARTICULARS
(reg. 5)

Business name.....

Registration number.....

Complete sections where applicable

1. Change of name of business name

a. Name reservation number.....

b. Date of change.....

2. Change of business name details

New business activities.....

(Please record the business activity as per attached list)

Principal place of business.....

Plot No.....

Ward/Street/Location.....

City/Town/ Village.....

Date of change.....

Postal address.....

Date of change.....

Renewal reminders: Mobile number.....

Email address address.....

Date of change.....

Name of business name.....

3. Change of proprietor details

Provide this information in the prescribed format if there are multiple proprietors.

1. PROPRIETOR CEASING TO HOLD OFFICE

Name:
Address:

Date of Cessation:4

Name:
Address:

Date of Cessation:4

Name:
Address:

Date of Cessation:

2. APPOINTMENT OF NEW PROPRIETOR

Complete this information if the proprietor is an individual

*Identity Number: Non-citizens Passport number
First, Middle & Last Name
Nationality:

Residential address:
Postal address:

*Identity Number: Non-citizens Passport number
First, Middle & Last Name
Nationality:

Residential address:
Postal address:

Complete this information if the proprietor is a company registered in Botswana

Company Name: Registration Number:

Registered Office address: Postal address:

Company Name: Registration Number:

Registered Office address: Postal address:

Complete this information if the proprietor is a body corporate

Company Name: Registration Number: Country of Registration:

*Registered Office address: Postal address:
--

***In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.**

Business name.....

Name.....

3. CHANGE OF NAME OR ADDRESS OF PROPRIETOR

Complete only those details that apply.

Name

Former Name

Identity/Passport Number

Former Identity/Passport Number

Nationality

Former Nationality

Residential or Registered Office

Residential or Registered Office

New Postal & Contact Details

Postal Address:

Former Postal & Contact Details

Postal Address:

Date of change

4. CHANGE OF NAME OR ADDRESS OF PROPRIETOR

* Complete only those details that apply.

Name

Former Name

Identity/Passport Number

Former Identity/Passport Number

Nationality

Former Nationality

Residential or Registered Office

Residential or Registered Office

New Postal & Contact Details

Postal Address:

Former Postal & Contact Details

Postal Address:

Date of Change.....

Name of business name.....

Registration number.....

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other

5. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- a) If the proprietor is newly appointed or has changed their name and is a non-citizen, a certified copy of their passport. If the passport is not in English it should be accompanied by a certified translation.
- b) Company proprietor outside Botswana to provide evidence of incorporation in home jurisdiction.
- c) If the newly appointed proprietor is a body corporate, a full list of shareholders is required.

6. PROPRIETOR CONSENT

- I confirm that the proprietors have consented to be a proprietor for this business name.

Please tick

7. DECLARATION

Tick to confirm this information

- I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by.....

Signature.....

Date.....



FORM E

NOTICE OF CANCELLATION OF BUSINESS NAME
(reg. 6)

Business name.....

1. APPLICANT DETAILS

I.....

..... (insert full name) being:

** Tick where applicable*

- * A proprietor of the above business name to make this application, or
- * An agent authorised for the above business name to make this application

2. CANCELLATION DETAILS

The above named business name has ceased to carry on business in Botswana as from

.....

Reasons for Cancellation:

.....

3. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- a. Affidavit from all willing parties to cease the business if person applying for cessation is not a proprietor
- b. Copy of National ID or Passport for every non-citizen proprietor

- c. Proprietor outside Botswana to provide evidence of incorporation

4. DECLARATION

Tick to confirm this information

- I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by.....

Signature.....

Date.....

Completed by:
Postal Address:

*Identity Number:

Telephone number:

Mobile phone number:

Email address:



FORM F

RESTORATION OF BUSINESS NAME TO THE REGISTRAR
(reg. 7)

Business name.....

1. DETAILS OF BUSINESS NAME:

Business Activities:

(Please record the business activity as per attached list)

Principal Place of
Business:

Plot Number:

Ward/Street:

Postal Address:
(Postal address to which
Communications from the
Registrar may be sent)

Care of:
Address:

Renewal Reminders:
The Registrar will
send courtesy reminders
to the business.

Sms:

2. PARTICULARS OF INDIVIDUAL PROPRIETOR

The following persons are the proprietors of the business name. Provide this information in the prescribed format for every proprietor of the business name.

Complete this information if the proprietor is an individual

*National Identity Number:
(*For non-citizens either National ID or
Passport)
First, Middle & Last Name:
Nationality:

Residential address:
Postal address:

*National Identity Number:
(*For non-citizens either National ID or
Passport)
First, Middle & Last Name:
Nationality:

Residential address:
Postal address:

*National Identity Number:
(*For non-citizens either National ID or
Passport)
First, Middle & Last Name:
Nationality:
Gender:

Residential address:
Postal address:
Date of Appointment:
4

Name of Business Name.....

3. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the business name.

Complete this information if the proprietor is a 'company' registered in Botswana

UIN:
Company Name:

Registered Office address:

UIN:
Company Name:

Registered Office address:

Complete this information if the proprietor is a body corporate

Entity Number:
Entity Name:
Country of Registration:
Registered Office address:

Name of Representative:
Phone Number:
Email address:

***In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.**

4. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

- a. If the person is a non-Botswana citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.
- b. Company proprietor registered outside Botswana to provide evidence of incorporation in home jurisdiction.

5. DECLARATION

Tick to confirm this information

- I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making false statement or misleading representation or omission is an offence under the Registration of Business Name Act.

Signed By.....

Signature:

Date.....

Completed by:
Postal Address:

*Identity Number:

Telephone:

Mobile:

LIST OF BUSINESS ACTIVITIES UNDER A BUSINESS NAME

1. Farming
2. Poultry
3. Manufacturing
4. Basketry
5. Brickmoulding
6. Construction
7. Security
8. Consultancy
9. Supply/agent
10. Events management
11. Small stock production
12. Catering
13. Transportation
14. Beauty, spa and hair salon
15. Livestock production
16. Clinic or healthcare
17. Cleaning services
18. Laundry services
19. Entertainment
20. Agricultural shop
21. Amusement arcade
22. Auctioneer
23. Baby shop
24. General dealer
25. Bookshop
26. Car wash
27. Cellphone shop
28. Commercial hardware
29. Cosmetics
30. Curio shop
31. Departmental store
32. Distributor
33. Driller
34. Electronics or electrical shop
35. Florist
36. Fresh produce
37. Funeral parlour
38. Furniture shop
39. General clothing
40. General hire service
41. Gymnasium
42. Haberdashery
43. Household shop
44. Industrial hardware
45. Internet cafe
46. Jewellery shop
47. Motor dealer
48. Optician
49. Petrol filling station
50. Pharmacy
51. Supermarket
52. Sunglass shop
53. Takeaway
54. Toy shop
55. Wholesale
56. Workshop
57. Restaurant
58. Plant hire service
59. Sewing, knitting and fabrics work
60. Small scale package
61. Traditional crafts
62. Leatherworks
63. Industrial food processing
64. Signage or advertising
65. Magazines or newspaper publication
66. Carpentry
67. Secretarial services
68. Large scale packaging
69. Mining
70. Music production
71. Creative arts
72. Other



FORM G

RENEWAL OF BUSINESS NAME
(reg. 8)

Business name.....

Registration number.....

1. DETAILS OF BUSINESS NAME:

Business Activities.....

(Please record the business activity as per attached list)

Principal Place of business:

Plot number:
Ward/Street/Location:
City/ Town/Village:

Postal Address:
(Postal address to which
Communication from
The Registrar may be sent)

Telephone number:

Renewal Reminder:
The Registrar will send
courtesy reminders to
the business.

Mobile number:
Email address:

Business name details
confirmation

I certify that the business name details provided above are
correct

2. PARTICULARS OF INDIVIDUAL PROPRIETORS

The following persons are the proprietors of the business name. Provide this information in the prescribed format for every proprietor of the business name.

Complete this information if the proprietor is an individual

*Identity Number: (*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residual address:
Postal address:

*Identity Number: (*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:
Postal address:

*Identity Number: (*For non-citizens Passport number)
First, Middle & Last Name
Nationality:
Gender:
Date of Birth:
Mobile Number:
Email address:

Residential address:
Postal address:
4
4

3. PARTICULARS OF BODY CORPORATE PROPRIETORS

The following persons are the proprietors of the proposed business name. Provide this information in the prescribed format for every proprietor of the business name.

Complete this information if the proprietor is a registered company in Botswana

Company Name: Registration Number:

Registered Office address: Postal address:

Company Name: Registration Number:

Registered Office address: Postal address:

Complete this information if the proprietor is a body corporate

Company Name: Registration Number: Country of Registration:

Registered Office address: Postal address:

*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business and attach a full list of their shareholders.

Proprietor Details I certify that the proprietor details provided above are correct

Confirmation: Place a tick in the appropriate box to confirm details

4. ACCOMPANYING DOCUMENTS

The following documents must accompany this form:

If the proprietor is a body corporate a full list of shareholders is required.

5. DECLARATION

Tick to confirm this information

- I confirm I am either a proprietor of this business name or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct.

Signed by.....

Signature.....

Date.....

Completed by:

Postal Address:

*Identity Number:

Telephone number:

Mobile phone number:

Email address:



FORM H

APPLICATION FOR EXTENSION OF TIME
(reg. 9)

Business Name:.....

Service requested for extension:.....

Name reservation

Cancellation of business

Registration of changes

Period requested for extension:.....

Reasons for extension:.....

Authorised agent:.....

Declaration:.....

Signed by:.....

Signature:.....

Date:.....

SCHEDULE 2

FEEs

(reg. 2, 3, 5, 6, 7, 8, 9 and 10)

TYPE OF TRANSACTION	ONLINE FEE	WALK-IN FEE	PENALTY FEE
Application for Reservation of Business Name	P20	P60	None
Notice of intention to register	P150	P450	None
Notice of Change of Particulars of a Business Name	No fee	P500	Yes
Notice of Change of Name	No fee	P500	Yes
Notice of Cancellation of Business	P150	P300	Yes
Renewal of a Business Name	P500	P1,000	None
Application to Restore a Business Name to the register	P1,000	P1,500	None
Application for extension of time	P50	P100	None
Inspection of the register or any document	No fee	P150	None
Provision of a certified copy of a certificate or an extract from any document	No fee	P250	None

MADE this 14th day of May, 2019.

BOGOLO J. KENEWENDO,
Minister of Investment, Trade and Industry.