

NATIONAL REGISTRATION ACT  
(Cap. 01:02)

**NATIONAL REGISTRATION (AMENDMENT) REGULATIONS, 2013**  
*(Published on 8th March, 2013)*

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Amendment of Schedule to 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 —

1. These Regulations may be cited as the National Registration (Amendment) Regulations, 2013. Citation

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

MADE this 22nd day of February, 2013.

EDWIN J. BATSHU,  
*Minister of Labour and Home Affairs.*

AGC 9/1/257 I (93)

**"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 DDMYYYY	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: TELL	CELL NO	RESIDENT ADDRESS
POSTAL ADDRESS		
MARITAL STATUS	FULL NAME OF SPOUSE	
FULL MAIDEN NAME OF SPOUSE	HIS/HER IDENTITY NUMBER	
SPOUSE NATIONALITY	SPOUSE OCCUPATION	
FULL NAME AND ADDRESS OF NEXT OF KIN		
NATIONALITY AT BIRTH	PROOF OF BIRTH ( BIRTH REGISTRATION NUMBER)	CITIZENSHIP CERTIFICATE NO
DISTRICT OF RESIDENCE	VILLAGE / TOWN	
WARD NAME	HOUSE / PLOT NO	
FUL 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?
<b>IF DUAL CITIZENSHIP INDICATE</b>		<b>PARENTS (S) CITIZENSHIP CITI NO.</b>

APPLICANT'S SIGNATURE

--	--

Sworn before me at.....this.....day of.....20.....

NAME.....

COOMISSIONER OF OATHS

Signature of Commissioner of Oaths

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

LEFT THUMB

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PHOTO

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RIGHT THUMB

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**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 DDMYYYY	REGISTRATION NUMBER
PLACE OF APPLICATION		CODE
FULL NAME ENUMERATOR	FULL NAME FIELD SUP	QUALITY CHECK
		PROD OUT

**HAVE YOU APPLIED FOR A CARD REPLACEMENT IN THE PAST? YES/NO**

IF YES, STATE REASONS

1. LOST       2. DAMAGE       3. DESTRUCTION       4. FINGERPRINT UPDATE       5. THEFT

6. CHANGE OF SURNAME       7. RENEWAL       8. OTHER       9. SPECIFY.....

**TO BE COMPLETED BY ALL APPLICANTS**

SURNAME	IDENTITY NUMBER
FORENAME	
SEX	DATE OF BIRTH
POSTAL	RESIDENTIAL ADDRESS
CONTACT NUMBER CELL	CONTACT NUMBER TELL
MARITAL STATUS	PREVIOUS SURNAME
	OCCUPATION
FULL NAME OF SPOUSE	MAIDEN NAME
HIS/HER IDENTITY NUMBER	NATIONALITY
	SPOUSE OCCUPATION
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 before me at.....this.....day of.....20.....

NAME.....

COMMISSIONER OF OATHS

Signature of Commissioner of Oaths/Date Stamp

THUMB PRINTS

LEFT THUMB

PHOTO

RIGHT THUMB\*