



*Together, we transform Botswana*

Personal Details				For Official Use	Code Description
First name in full _____	Surname _____			<input type="checkbox"/> <input type="checkbox"/>	GENDER
Gender _____	Omang No _____				
Business Details					
State your company/Organisation _____					
Company Postal Address _____	Your Mobile _____	Phone number _____	Fax number _____		
State the town/ village where your Company/Organisation is located _____				<input type="checkbox"/> <input type="checkbox"/>	LOCATION
Describe the main product/service of your Company/Organisation _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SECTOR
Describe the type of work you are currently doing _____				<input type="checkbox"/> <input type="checkbox"/>	OCCUPATION
State the highest level of education you have attained thus far _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	EDUCATION
State the main subject of study for the highest education attained _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SUBJECTS
State the service(s) for which you are registering for at BNPC _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BNPC SERVICE
State the venue where you are receiving the service _____				<input type="checkbox"/> <input type="checkbox"/>	CUSTOMER TYPE
				<input type="checkbox"/> <input type="checkbox"/>	DEPARTMENT
				<input type="checkbox"/> <input type="checkbox"/>	VENUE
Booking Details					
State contact details for these registration					
Names _____	Addresses _____	Email _____	Phone number _____	<input type="checkbox"/> <input type="checkbox"/>	SPECIAL REQUIREMENTS
State your special requirement (Health, Disabilities, Diet, etc) _____				<input type="checkbox"/> <input type="checkbox"/>	
Accommodation	Single <input type="checkbox"/>	Sharing	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	ROOM TYPE
	Double <input type="checkbox"/>	Number of days	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	
How did you know about the service you are registering for at BNPC? _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF DAYS
				<input type="checkbox"/> <input type="checkbox"/>	SOURCE OF INFORMATION
Date of registration	____/____/____	Signature	_____		