

**SCHEDULE**

REPUBLIC OF BOTSWANA

DIAMOND CUTTING ACT  
(Cap. 66:04)

APPLICATION FOR A LICENCE  
(section 6 and regulation 2)

- 1. (a) Full name .....
- (b) Date of birth .....
- (c) Nationality (state name of country) .....
  
- 2. Residential address .....
  
- 3. Occupation .....
  
- 4. If not a citizen of Botswana:
  - (a) state date of arrival in Botswana .....
  - (b) give particulars of employment or occupation prior to entry  
    into Botswana:

Period of employment or occupation	Capacity	Place

- 5. (a) State capacity in which application is made (personal/director of  
    company/partner)
  
- (b) If in partnership, state:
  - (i) name(s) of other partners .....
  - .....

- (ii) date(s) of birth .....
- (iii) nationalities (state name of country) .....
- (iv) occupation(s) .....

6. State class of licence applied for: .....  
 \*diamond cutter's/diamond research/diamond toolmaker's

7. Give particulars of plant you propose to erect at commencement of operations:

No.

- (a) cutting machines .....
- (b) mills .....
- (c) saw machines .....
- (d) other (specify) .....

8. Give number to be employed of the following:

No.

- (a) cleavers .....
- (b) cutters .....
- (c) polishers .....
- (d) sawyers .....
- (e) other (specify) .....

9. State financial position:

- (a) value of property P .....
- (b) cash on hand P .....
- (c) other assets P .....
- (d) capital you intended to Invest P .....

(e) will you receive financial support? If yes, state:

- (i) name of supporter .....
- (ii) amount of financial support P .....
- (iii) Conditions on which such support will be given  
 .....  
 .....  
 .....  
 .....

(This information to be supported by such documentary evidence as the Minister may require.) .....

10. (a) Have you ever been declared insolvent? .....

(b) If "Yes", state whether and when rehabilitated .....

11. (a) Have you ever been convicted of an offence within or outside Botswana?.....

(b) If "Yes", state:

(i) nature of offence .....

(ii) penalty imposed .....

(iii) where convicted .....

I, the undersigned, am aware that any statement I have made in this application which is false or incomplete will automatically render me ineligible to be issued with the licence applied for and liable to prosecution. I swear that the above information is true and complete.

Date .....

*Signature of Applicant*

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

.....  
*Commissioner of Oaths*

\*Delete where inapplicable