



REPUBLIC OF BOTSWANA

**FORM 1**  
**APPLICATION FOR PERMIT TO IMPORT**  
*(Regulation 12(1a))*

**Tick the relevant application**

- controlled substances
- recovered or used controlled substances
- recovered, recycled or used controlled substances
- recovered, recycled, reclaimed or used controlled substances

**To be filled in duplicate (One application for each group of controlled substance)**

**PERSONAL INFORMATION**

Name of Applicant	
Form of Identification	Omang No/Passport No (foreigner):
Company Name	
Address: (Business/ Residential)	Physical Address: Postal address: Telephone No: Fax No: E-mail:
Business Activity	
Registration Certificate No.	
Work Permit No (if applicable)	
Name of person authorized to act on behalf of applicant (where applicable)	
Title:	
Contacts	Address: Telephone No: Fax No: E-mail No:
Request for confidentiality of information (tick)	<input type="checkbox"/> Yes Reason: <input type="checkbox"/> No
Information concerning the Controlled and transitional Substances (Tick Group from Schedules 1 & 2 )	ANNEX A                      ANNEX B                      ANNEX C Group I <input type="checkbox"/> Group I <input type="checkbox"/> Group I <input type="checkbox"/>

	Group II <input type="checkbox"/>	Group II <input type="checkbox"/>	Group II <input type="checkbox"/>
		Group III <input type="checkbox"/>	Group III <input type="checkbox"/>
Information concerning ODS Dependent Equipment (Tick Group from Schedule 3)	CLASS A	CLASS B	CLASS C
	Group I <input type="checkbox"/>	Group I <input type="checkbox"/>	Group I <input type="checkbox"/>
	Group II <input type="checkbox"/>	Group II <input type="checkbox"/>	Group II <input type="checkbox"/>
		Group III <input type="checkbox"/>	Group III <input type="checkbox"/>
Control Period			
Names and address of persons whom the controlled substances will be sold or supplied			

**INFORMATION CONCERNING THE CONTROLLED SUBSTANCE  
FOR WHICH A PERMIT TO IMPORT IS REQUESTED**

Controlled Substance	Country of Origin	Quantity to be Imported	ODP Calculated level
			<u>Kg</u> X = Kg
			<u>Kg</u> X = Kg
			<u>Kg</u> X = Kg
			<u>Kg</u> X = Kg
			<u>Kg</u> X = Kg
			<u>Kg</u> X = Kg
			<u>Kg</u> X = Kg

I declare that the information provided in this application is correct and that the applicant is willing and able to use the controlled substance in compliance with all the laws for the time being in force.

Date

Name

Signature

Witness:

Designation:

Company:

Address:

Occupation:

**Official use only:**

Date received:

Licence No:

Amount Paid:

Signature:

Receipt No:

Accepted/Rejected:

Official Stamp:

