



REPUBLIC OF BOTSWANA

MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT
OFFICE OF THE ACCOUNTANT GENERAL

PULA CARD APPLICATION FORM

I wish to apply for a Pula card.

Applicant's particulars are as under;

1. FIRST NAME: _____

SURNAME: _____

IDENTIFICATION NUMBER: _____

EXPIRY DATE: _____

DATE OF BIRTH: _____

2. PHYSICAL ADDRESS: _____

CITY/TOWN/VILLAGE: _____

POSTAL ADDRESS: _____

3. MOBILE NUMBER: _____ EMAIL _____

4. DECLARATION/PULA CARD UNDERTAKING

I have received, read and understood the terms and conditions governing the usage of the Pula Card. I accept to be bound by the said terms and conditions and to changes made therein from time to time by Government of Botswana.

SIGNATURE _____

DATE: _____

FOR OFFICIAL USE

ISSUED BY: _____ SIGNATURE: _____ DATE: _____

APPROVED BY: _____ SIGNATURE: _____ DATE: _____