Form C

APPLICATION FOR REGISTRATION AS CITIZEN OF BOTSWANA OF ADOPTED CHILD OVER THREE YEARS OLD

For Official Use Only:

File Number:

REPUBLIC OF BOTSWANA

CITIZENSHIP ACT
(Cap. 01:01)

(*Regulation 9(1)*)

Photo
3cm x 4cm

Please use block letters and black ink only

PART I – APPLICATION

1. I (Full Name of Applicant):

Surname:

First Name:

Middle Name:

Previous/Maiden Surname:

Postal Address:

Town/Village:

P.O. Box/P. Bag:

Post Office Location:

Residential Address:

Town/Village:

Street/Ward:

Plot/House No:

Preferred method of communication:

E-mail ☐

Cell phone Number:

Telephone Number:

SMS ☐

Post ☐

being a citizen of Botswana and the sole adoptive parent/one of the adoptive parents* of the child to whom the particulars at Part II relate, hereby apply, on behalf of my adopted child, for his/her* registration as a citizen of Botswana.

Dated at Place:

Date:
D D M M Y Y Y Y

Signature of Applicant:

NOTE: *Applicant must produce satisfactory evidence of his or her citizenship (e.g. birth certificate, passport or certificate of registration or certificate of naturalization) or national identity card (Omang) and of the terms of the adoption order.*

PART II – PARTICULARS IN RELATION TO ADOPTED CHILD

1. Full Name:

Surname:

First Name:

Middle Name:

Previous/Maiden Surname:

2. Sex: Male: ☐ Female: ☐

3. Country of Birth:

Place of Birth:

Date of Birth:

D D M M Y Y Y Y

4. Designation and location of court by which adoption order granted:

Designation:

Location:

5. Present Postal Address:

Town/Village:

P.O. Box/P. Bag:

Post Office Location:

Present Residential Address:

Town/Village:

Street/Ward:

Plot/House No:

6. Occupation:

Qualifications: _____

7. Citizenship at birth:

8. Present citizenship (if different):

9. If no present citizenship, circumstances under which it was lost: _____

_____

10. In the case of a joint adoption, the full name and residential and postal addresses of the adoptive parent other than the applicant:

Full name of joint adoptive parent (Surname):

First Name:

Middle Name:

Previous/Maiden Surname:

Postal Address:

Town/Village:

P.O. Box/P. Bag:

Post Office Location:

Residential Address:

Town/Village:

Street/Ward:

Plot/House No:

PART III – CITIZEN SPONSOR'S CERTIFICATE

(*Regulation 13)*

I (Full Name of citizen sponsor):

Surname:

First Name:

Postal Address:

Town/Village:

P.O. Box/P. Bag:

Post Office Location:

Residential Address:

Town/Village:

Street/Ward Name:

Plot/House No:

do hereby certify that I am a citizen of Botswana and have known the applicant for years and the particulars In Parts I and II are, to the best of my knowledge and belief, true.

Date:

D D M M Y Y Y Y

(Signature of citizen sponsor)

(Signature of witness to citizen sponsor's signature, who must not be the applicant, the other citizen sponsor or an additional sponsor)

Witness Full Name (Surname):

First Name:

Postal Address of witness:

Town/Village:

P.O. Box/P. Bag:

Post Office Location:

Residential Address of witness:

Town/Village:

Street/Ward:

Plot/House No:

PART IV – ADDITIONAL SPONSOR'S CERTIFICATE
(*Regulation 13)*

I (full name of additional sponsor):

Surname:

First Name:

Postal Address:

Town/Village: P.O. Box/P. Bag:

Post Office Location:

Residential Address:

Town/Village:

Street/Ward : Plot/House No:

do hereby certify that I am qualified to be an additional sponsor and have known the applicant for years and that the particulars at Parts I and II are, to the best of my knowledge and belief, true.

Date stamp:

D D M M Y Y Y Y

(Signature of additional sponsor)

Designation: _____

(Signature of witness to additional sponsor's signature, who must not be the applicant, the other citizen sponsor or an additional sponsor)

Witness Full Name (Surname):

First Name:

Postal Address of witness:

Town/Village: P.O. Box/P. Bag:

Post Office Location:

Residential Address of witness:

Town/Village:

Street/Ward Name: Plot/House No:

NOTE: *To be qualified to be an additional sponsor a person must be a citizen of Botswana and a Justice of Appeal, Judge of the High Court, Judge of the Industrial Court, Member of the National Assembly, Magistrate, Senior Public Officer, Legal Practitioner, Medical Practitioner, Bank Manager, Minister of Religion or Authorized Tribal Officer.*

PART V – DECLARATION BY APPLICANT

I (Full name of applicant)

Surname:

First Name:

Middle Name:

Previous/Maiden Surname:

do solemnly and sincerely declare that the particulars in Parts I and II are, to the best of my knowledge and belief, true and I undertake forthwith to inform the citizenship officer of any error or change in those particulars of which I have notice before a certificate of registration is issued.

Signature of Applicant:

For Commissioner of Oaths

Declared before me at:

Place:

Date: D D M M Y Y Y Y

Time: H H M M

Names of Commissioner of Oaths:

Telephone Number:

Designation of Commissioner of Oaths:

(Signature of Commissioner of Oaths)

**Delete whichever is not applicable*