



REPUBLIC OF BOTSWANA

FORM

(reg. 7 (1))

**DECLARATION FORM OF EXCEPTIONAL MOVEMENT OF PERSONS  
DURING STATE OF PUBLIC EMERGENCY**

*(To be filled in duplicate)*

<b>Applicant's Details:</b>				
Surname				
First, Middle Names				
Sex (tick where appropriate)	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Identity No. (Oman)/Passport No.				
Nationality				
Date of Birth (dd/mm/yyyy)				
Physical Address				
Plot/House Number				
Ward				
Village/City				
Email Address:				
Mobile/Contact No 1:				
Mobile/Contact No 2:				
Household Characteristics:	Multiple houses	Single house	Private toilet	Shared toilets
Other (Please describe)				
<b>Contact details of household members</b>				
<b>Contacts:</b>				
Surname:				
First, Middle Names:				
Mobile No:				
Surname				
First, Middle Names				
Mobile No:				
I declare that the need to travel from (insert date) .....to (insert date).....is due to the following reasons:				

<b>Category of Permit (Fill appropriate Part) State reasons below (as applicable)</b>	
<b>PART 1 - Essential Services (state):</b>	
Name of Organization:	
Contact Person:	
Designation:	
Mobile Numbers:	
<b>Provide travel details</b>	
Destination:	
Departure Date:	
Departure time:	
Return time:	
<b>PART 2- Transport of essential goods (state):</b>	
Name of Organization:	
Contact Person:	
Designation:	
Mobile Numbers:	
<b>Provide travel details</b>	
Departure:	
Destination:	
Departure Date:	
Departure time:	
Return time:	
<b>PART 3 — Special Permit</b>	
*Reason:	
<b>Provide travel details</b>	
Departure:	
Destination:	
Date:	
Departure time:	
Return time:	
<b>Applicant Signature:</b>	
Date (Day/Month/Year)	

**FOR OFFICIAL USE ONLY (To be completed by Authorizing Officer)**

**Authorizing Office**

Organization

Contact Number

**\*If special permit is selected, provide details**

**Approving Official**

Surname

First Name

Designation

Contact Number

Time contacted

Approving Officer's Signature

Date (Day/Month/Year)

OFFICIAL STAMP (where available)

1. Each Ministry headquarters to determine officers who will be authorised to sign off.
2. At District level, District Commissioner (DC) and the Head of the District Health Management Team (DHMT) will coordinate in overseeing the granting of permission to travel by authorised officers e.g. Senior Government Officials, Dikgosi, Council Secretary, Headmen, Head of School/Training Institution, Police Officers, etc.
3. In a locality without the above, two Village Extension Teams (VET) approved by the District Commissioner will facilitate sign off on authorisation to travel. Typically, a health official (Nurse, etc.) should be part of the authorising team.
4. The authorised travel permit is valid for a maximum of 5 days from date of issue and will need renewal.
5. Authorised officials shall submit a copy of all issued permits, plus an accompanying summary (report) of permits issued on a daily basis to the NATIONAL EMERGENCY OPERATIONS CENTRE (call 0800 600 111 or 369 8337)