

**Notice of
CHANGE OF PARTICULARS OF A CLOSE COMPANY**
(Sections 261)

Name of Company

UIN

1. CHANGE OF COMPANY NAME

New name of company

Name Reservation No:

Date of Change:

2. ALTERATION TO CONSTITUTION

The above named company has:

adopted a constitution

altered its constitution

revoked its constitution

The company **adopted*** / **altered*** / **revoked** its constitution on*

**Please insert the date on which the company adopted, altered or revoked its constitution (as the case may be). A copy of the constitution as adopted / alteration to the constitution is attached to this notice.*

3. COMPANY ADDRESS DETAILS

Complete sections where applicable

REGISTERED OFFICE
New Registered Office
Address

Care of:
Plot Number:

Ward / Street / Location:

City / Town / Village:

Effective from:

Note | This cannot be a future date.

New Postal Address & Contact Number:
(Postal address to which Communications from the Registrar may be sent)

Care of:
Address:

Telephone:

ANNUAL RETURN REMINDERS
New Contact Details:
The Registrar will send courtesy reminders to the company.

SMS:
Email Address:

PRINCIPAL PLACE OF BUSINESS
New Principal Place of Business Address

Plot Number:

Ward / Street / Location:

City / Town / Village:

C.564

ACCOUNTING RECORDS AND OTHER COMPANY DOCUMENTS

(These records eg Finance records etc are kept at a place in Botswana other than the registered office)

The Accounting records and other company documents are kept at

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with effect from

4. MEMBER DETAILS

Provide this information in the prescribed format for every member.

MEMBER CEASING TO HOLD OFFICE

Full name: Residential address: Postal Address:	Date of Cessation:
Full name: Residential address: Postal Address:	Date of Cessation:

APPOINTMENT OF NEW MEMBERS

*Identity Number: (*For non-citizens either National ID or Passport) First, Middle & Last Name: Nationality: Gender: Date of Birth: Telephone: SMS: Email:	Residential address: Postal Address: Percentage of Interest: Date of Appointment:
Beneficial Ownership Details (If applicable) First, Middle & Last name: Telephone: SMS: Email	Residential address: Postal address:

*Identity Number: (*For non-citizens either National ID or Passport) First, Middle & Last Name: Nationality: Gender: Date of Birth: Telephone: SMS: Email:	Residential address: Postal Address: Percentage of Interest: Date of Appointment:
Beneficial Ownership Details (If applicable) First, Middle & Last name: Telephone: SMS: Email	Residential address: Postal address:

CHANGE OF NAME OR ADDRESS OF MEMBER

* Complete only those details that apply.

First, Middle & Surname

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:
Email address:
Mobile Number:

Former Contact Details

Postal Address:
Email address:
Mobile Number:

Percentage of Interest

Former Percentage of Interest

Date of Change

CHANGE OF NAME OR ADDRESS OF MEMBER

* Complete only those details that apply.

First, Middle & Surname

Former Name

Identity/Passport No./Nationality

Former Identity/Passport No./Nationality

Residential Address

Former Residential Address

New Postal & Contact Details

Postal Address:
Email address:
Mobile Number:

Former Contact Details

Postal Address:
Email address:
Mobile Number:

Current Details

Beneficial Owner: Yes / No

Former Details

Beneficial Owner: Yes / No

Percentage of Interest

Former Percentage of Interest

Date of Change

AMENDMENT TO BENEFICIAL OWNERSHIP DETAILS

Complete this section if the Beneficial Owner details have changed

Name of Member

Beneficial Owner details

Current Details

Former Details

Beneficial Owner: Yes or No First, Middle & Last Name: Telephone: SMS: Email: Residential Address: Postal Address:	Beneficial Owner: Yes or No First, Middle & Last Name: Telephone: SMS: Email: Residential Address: Postal Address:
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Date of Change:

5. ACCOUNTING OFFICER DETAILS

ACCOUNTING OFFICER CEASING TO HOLD OFFICE

*Identity Number: (*For non-citizens either National ID or Passport) Name: Address:	Date of Cessation:
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APPOINTMENT OF NEW ACCOUNTING OFFICER

Complete this information if the Accounting Officer is an individual

*Identity Number: (*For non-citizens either National ID or Passport) First, Middle & Last Name Nationality: Gender: Date of Birth: Telephone: Email: SMS:	Residential address: Postal Address: Date of Appointment:
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Complete this information if the Accounting Officers a "body corporate"

Company Name: UIN: Registered Office address:	Representative name: Phone number: Email: Date of Appointment:
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*In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

CHANGE OF NAME OR ADDRESS OF ACCOUNTING OFFICER

* Complete only those details that apply.

Name

Former Name

New Address (Physical and Postal Address)

Former Address

Contact Details

Telephone: SMS: Email:

Former Contact Details

Telephone: SMS: Email:

Date

6. LIST OF EXISTING MEMBERS / ACCOUNTING OFFICER

Set out below are the names and address of every member / accounting officer of the company from the date of this notice.

Name of Member and Percentage of Interest	Residential Address / Postal Address

*Please give first name(s) followed by surname in BLOCK letters.

7. ACCOMPANYING DOCUMENTS

Tick where applicable

The following documents must accompany this form:

- a. If the accounting officer or member is newly appointed or have changed their name and is a non-Botswana citizen, a certified copy of their passport. If this is not in English it should be accompanied by a certified translation.
- b. A copy of the ***constitution** is attached to this notice. If this is not in English it should be accompanied by a certified translation.
- c. The consent form of every newly appointed member and accounting officer.

8. DECLARATION

Tick to confirm information in all cases

- I confirm I am either a member of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. I understand that knowingly making false statement or misleading representation or omission is an offence under section 496.

Signed By:

Signature:

Date

Completed by:

Postal Address:

*Identity Number:
(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email: