

FORM 27

Notice of  
**CHANGE OF PARTICULARS OF A COMPANY LIMITED BY GUARANTEE**  
(sections 244(2) and 261)

Name of Company

UIN:

**1. TYPE OF COMPANY**

Sub Type

Public Company

OR

Private Company

(Please tick one of the boxes)

If the company is a private company, please indicate whether it is non-exempt company or an exempt company

Non-exempt Company

OR

Exempt Company

**2. CHANGE OF COMPANY NAME**

Proposed

New Name of Company

Name Reservation No:

**3. ALTERATION TO CONSTITUTION**

The above named company has:

adopted a new constitution

altered its existing constitution

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

\*Please insert the date on which the company adopted or altered its constitution (as the case may be). A copy of the constitution must be attached to this notice.

**4. COMPANY ADDRESS DETAILS**

Complete sections where applicable

**REGISTERED OFFICE**

New Registered Office Address

Care of:

Plot Number:

Ward / Street / Location:

Effective from:

**New Postal Address & Contact Number:**

(Postal address to which Communications from the Registrar may be sent)

Address:

Telephone Number:

**ANNUAL RETURN REMINDERS**

**New Contact Details:**

The Registrar will send courtesy reminders to the company

SMS:

Email:

**PRINCIPAL PLACE OF BUSINESS**

New Principal Place of Business Address

Plot Number:

Ward / Street / Location:

City / Town / Village:

**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

with effect from

**5. CHANGE OF DIRECTOR DETAILS**

Provide this information in the prescribed format if there are multiple directors

**DIRECTORS CEASING TO HOLD OFFICE**

First, Middle & Last Name: Residential address: Postal Address:	Date of Cessation / Removal*:
First, Middle & Last Name: Residential address: Postal Address:	Date of Cessation / Removal*:

\*Delete where applicable.

**APPOINTMENT OF NEW DIRECTORS**

*Identity Number: (*For non-citizens either National ID or Passport) First, Middle & Last Name: Nationality: Gender: Date of Birth: Telephone:	Residential address: Postal Address: Appointment Date:
*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: Appointment Date:

**CHANGE DIRECTOR Details (Continued)**

**CHANGE OF NAME OR ADDRESS OF DIRECTOR**

\* Complete only those details that apply.

First, Middle & Last Name

Former Name

Residential Address

Former Residential Address

Postal & Contact Details

Postal Address:
Telephone:
SMS:
Email:

Former Postal & Contact Details

Postal Address:
Telephone:
SMS:
Email:

Date of Change

**CHANGE OF NAME OR ADDRESS OF DIRECTOR (CONTINUED)**

\* Complete only those details that apply.

First, Middle & Surname

Former Name

Residential Address

Former Residential Address

New Postal & Contact Details

Postal Address:
Telephone:
SMS:
Email:

Former Postal & Contact Details

Postal Address:
Telephone:
SMS:
Email:

Date of Change

**6. CHANGE OF SECRETARY DETAILS**

Provide this information in the prescribed format if there are multiple secretaries.

**SECRETARY CEASING TO HOLD OFFICE**

Name: Address:	Date of Cessation:
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**CHANGE OF SECRETARY DETAILS (continued)**

Provide this information in the prescribed format if there are multiple secretaries.

**SECRETARY CEASING TO HOLD OFFICE**

Name: Address:	Date of Cessation:
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**APPOINTMENT OF NEW SECRETARY**

Complete this information if the secretary is an individual

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

UIN: Company Name: Registered office address:	Representative Name: Phone number: Postal Address:  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 SECRETARY**

\* Complete only those details that apply.

Name	Former Name
<input type="text"/>	<input type="text"/>
New Address (Physical and Postal Address)	Former Address
<input type="text"/>	<input type="text"/>
Contact Details	Former Contact Details
Telephone: SMS: Email:	Telephone: SMS: Email:
Date of Change	
<input type="text"/>	

**7. CHANGE OF MEMBER DETAILS**

Provide this information in the prescribed format if there are multiple members.

**MEMBER CEASING TO HOLD OFFICE**

Name:	Date of Cessation:
Address:	
Name:	Date of Cessation:
Address:	

**APPOINTMENT OF NEW MEMBERS**

Complete this information if the member is an individual

*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:  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:	Residential address:

Nationality: Gender: Date of Birth: Telephone: SMS: Email:	Postal Address:  Date of Appointment:
Beneficial Ownership Details (if applicable) First, Middle & Last Name: Telephone: SMS: Email:	Residential address:  Postal Address:

**APPOINTMENT OF NEW MEMBERS (continued)**

Complete this information if the member is a "body corporate"

UIN: Company Name:  Date of Appointment:	*Registered Office address:  Postal Address:
UIN: Company Name: Date of Appointment:	*Registered Office address:  Postal Address:

\*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 MEMBER DETAILS (continued)**

**CHANGE OF NAME OR ADDRESS OF MEMBER**

\* Complete only those details that apply.

Name

Former Name

New Address (Physical and Postal Address)

Former Address

Contact Details

Telephone: SMS: Email:
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Former Contact Details

Telephone: SMS: Email:
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Date of Change

**CHANGE OF NAME OR ADDRESS OF MEMBER**

\* 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 of Change

**8. AMENDMENT TO BENEFICIAL OWNERSHIP DETAILS**

Complete this section if the beneficial owner details have changed

Name of Member

Beneficial Owner Details

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

Former Beneficial Owner Details

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

Date of Change

**9. CHANGE OF AUDITOR DETAILS (optional)**

**AUDITOR 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 AUDITOR**

Complete this information if the Auditor is an individual

*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:  Date of Appointment:
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Complete this information if the Auditor is a 'body corporate'

UIN: Company Name:  Name of Representative: Phone Number: Email address:	*Registered Office address:  Postal Address:  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 AUDITOR**

\* Complete only those details that apply.

Name

Former Name

New Address (Physical and Postal Address)

Former Address

Contact Details  
Telephone:  
SMS:  
Email:  
Date

Former Contact Details  
Telephone:  
SMS:  
Email:

**10. LIST OF EXISTING SECRETARY / MEMBERS / AUDITOR**

Set out below are the names and address of every secretary, member and auditor of the company from the date of this notice.

Name	Address
<b>Member (s) :</b>	
<b>Secretary:</b>	
<b>Auditor:</b>	

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

**11. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

- a. A copy of the constitution is attached to this notice. If this is not in English it should be accompanied by a certified translation.
- b. If the auditor, secretary 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.
- c. The consent form of every director, secretary and member.

**12. 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 Companies Act**

Signed By:

**Signature:** .....

Date

Completed by:

Postal Address:

**\*Identity Number:**

(\*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email: