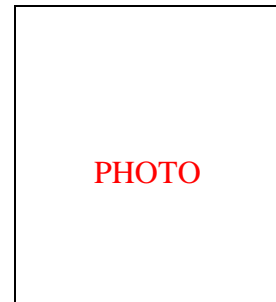




BATSWANA/STUDENTS REGISTRATION FORM



1. Title: Mr. Mrs. Miss Dr.
(Please tick as appropriate)

2. Name: _____
Surname First Name Other Names

3. Date of Birth: _____

4. National Identity Number (O-Mang): _____

5. Passport Number: _____

6. Name & Address of Employer (if working)

Tel. Number: _____

Fax Number: _____

7. Name & Address of Contact Person in Botswana

Relationship: _____

Tel. Number: _____

Email address: _____

8. Name & Address of Contact Person/Friend in Country of Residence/Study

9. Name & Address of Sponsor (i.e. DTEF/ MOE/DPSM/SELF etc)

10. Residential Address (In Russia/Sweden/Norway/Denmark/ Poland/Ukraine etc)

Tel. No. _____

E-mail Address: _____

11. Name & Address of Institution/University

12. Course/Program

Course Started: _____

Present Year of Study _____

Expected Graduation Date: _____

13. Signature: _____ Date: _____

To be completed by Botswana Government Sponsored students

BANK DETAILS

Bank: _____

Branch: _____

Sort Code _____

BIC/SWIFT: _____

**Account Number
With IBAN No. _____

Note:

- *Please inform the Embassy of any changes in address, telephone number, etc.*
 - *Write to Embassy 3 months before your completion date, to facilitate preparations for your departure back home. (i.e. flight bookings/departure allowance/excess baggage allowance).*
 - *Students in Russia, please right details in the Latin alphabet.*
- ** Please get IBAN NO. from your bankes as it is needed when transferring funds across borders.**

Please send all completed forms to:

**Botswana Embassy
Tyrgatan 11
Box 26024
100 41 STOCKHOLM
SWEDEN**

Tel: +46 8 545 25 880

Fax: +46 8 723 00 87

Email: Botstock@gov.bw