

C	Review to be completed by the authorized Departmental, organizational/Agency official responsible for ensuring completion of the sections A and B.	
Name and title		Telephone No
Address		Facsimile No
D	After completing this form and any attachments, the applicant should review his/her answers to all questions to make sure that the form is complete and accurate, and then sign and date the following oath/ affirmation before a Commissioner of Oaths.	
OATH/ AFFIRMATION		
I _____ solemnly swear by the Almighty God/ sincerely affirm that the information I have provided on this form is true complete and correct to the best of my knowledge and belief and made in good faith. I understand that giving false information on this form is an offence and can be punished by a fine or imprisonment for a term not exceeding three years or both.(See Section 131 Penal Code Cap 08:01 Laws of Botswana.)		
Dated this.....day of..... at.....		
Name.....Signature.....		
Sworn /affirmed before me..... at.....this		
.....day of.....201.....at.....hrs; the applicant having acknowledged that the information he/she has provided on this form is true complete and correct to the best of his/her knowledge and belief and made in good faith and has no objection to making an oath or affirmation.		
----- Commissioner of Oaths		
APPLICANT'S CONSENT AND AUTHORISATION		
I authorise any investigator or officer of the Directorate of Intelligence and Security conducting my security vetting to obtain any information relating to my activities from individuals, schools, employers, Police and any other sources of information. The information may include but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal record, financial and credit information.		
Signature	Full Name	Date



**BOTSWANA GOVERNMENT
SECURITY VETTING CONSENT AND AUTHORISATION FORM**

OFFICE USE ONLY		
Reference No	Department/ Organisation	File No

A	ADMINISTRATIVE INFORMATION(To be completed by the authorized Department/ Agency Organisational official								
<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer <input type="checkbox"/> Supplemental <input type="checkbox"/> Reactivation									
THE REQUESTED LEVEL OF RELIABILITY /SECURITY CHECK(S)									
<input type="checkbox"/> RELIABILITY STATUS <input type="checkbox"/> LEVEL I (CONFIDENTIAL) <input type="checkbox"/> LEVEL II (SECRET) <input type="checkbox"/> LEVEL III (TOP SECRET)									
<input type="checkbox"/> Other _____									
PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT									
<input type="checkbox"/> Permanent <input type="checkbox"/> Term <input type="checkbox"/> Contract <input type="checkbox"/> Industry <input type="checkbox"/> Other (specify: secondment, assignment, internship, etc.) _____									
Justification for security clearing requirement _____									
Position		Title	Group /level(rank if applicable)						
Omang/Passport Number/Residence Permit and date of issue.		If term or contract indicate duration period ▶	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Year Month</td> <td style="text-align: center;">Year Month</td> </tr> <tr> <td style="text-align: center;">____ / ____</td> <td style="text-align: center;">____ / ____</td> </tr> </table>	From	To	Year Month	Year Month	____ / ____	____ / ____
From	To								
Year Month	Year Month								
____ / ____	____ / ____								
Name and address of Department/organization/agency		Name of official	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Telephone Number</td> <td style="width: 50%;">Facsimile Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Telephone Number	Facsimile Number				
Telephone Number	Facsimile Number								

B					BIOGRAPHICAL INFORMATION (To be completed by applicant)					
Surname		Full names			Maiden name					
All other names used (i.e. nickname)		Sex	Date of birth		Country of Birth	Date of entry into Botswana if not citizen				
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorcee		<input type="checkbox"/> Male <input type="checkbox"/> Female	Year Month Date ____ / ____ / ____		Year Month Date ____ / ____ / ____					
MOTHER'S DETAILS										
Surname		Name	Year Month Date		Residence	Address				
Home Village		Headman	Place of birth		Nationality	Omang/Passport No				
FATHER'S DETAILS										
Surname		Name	Year Month Date		Residence	Address				
Home Village and Ward		Headman	Place of birth		Nationality	Omang/Passport No				
SPOUSE DETAILS (IF MARRIED)										
Surname		Name	Year Month Date		Residence	Address				
Home village and Ward		Headman	Place of birth		Nationality	Omang/Passport No				

RESIDENCE (provide addresses for the last five years, starting with the most current Home address)				Daytime telephone number		E-mail address	
	Plot/House Number	Location/ward	City/Town/Village	Country		From	To
						Year Month	Year Month
						____ / ____	____ / ____
1.							
2.							
3.							
4.							
5.							
CRIMINAL CONVICTIONS IN AND OUTSIDE BOTSWANA							
Have you ever been convicted of a criminal offence for which you have not been granted pardon?						If yes give details. (charge(s) country, type of court, and date of conviction ▼	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Charges		Country		/City/Town/village	Date of conviction	
1.							
2.							
3.							
4.							
5.							
WHERE YOU WENT TO SCHOOL List the schools you have attended, beginning with the most recent. List all college or university degrees and the dates they were received.							
Month /Year to		Month /Year		Name of school		Degree/Diploma/Other	Month/Year awarded
1.							
2.							
3.							
4.							
5.							