

DVS - Ocp - Doc: 2015/BAITS. Form 37

Revision 1

User Access Application Form

Instructions:

The form must be completed in BLOCK/CAPITAL letters
The original copy must be submitted to the nearest DVS office
All sections must be correctly and fully completed

Keeper Type: Individual Organisation Applicant Detail	
First Name: Last Name:	
Keeper ID.	
Phone Number:	
Email Address: *	
Postal Address:	
District: *	
Extension Area: *	
Preferred SMS Notification:*	Email Postal
Declaration: I hereby declare that the information provided is correct to the best of my knowledge.	
NameSignature	
Date/ Telephone/Mobile	
FOR OFFICAL USE ONLY	
Form Received By	Data Processed
Name:	Name:
Designation:	Designation:
Signature:	Signature:
Date:	Date:

Internet: www.moa.gov.bw Email: DVS@gov.bw

Department of Veterinary Services . Private Bag 0032 . Gaborone . Botswana

Purpose

The purpose of this form is to request stakeholder access to BAITS. This information allows the Department of Veterinary Services to manage who interacts with BAITS. The form is to be completed by the Keeper.

To complete this form the following information is required:

- 1. Applicant Details
 - a) Keeper ID
 - b) Omang/Company Registration Certificate/Residence Permit
 - In the case of representative from a company, a letter of authority from the board of directors/CEO must be presented.

How the Forms Can Be Completed

All sections must be completed in FULL and in BLOCK LETTERS

- 1. Complete applicant details
- 2. The form should be accompanied by Omang/Company registration certificate/Residence Permit
- 3. Applicants must expect a response within 14 days

For More Information

(DVS Contact Details)

DVS disclaimer