



**Republic of Botswana  
OFFICE OF THE PRESIDENT  
NATIONAL DISASTER MANAGEMENT OFFICE**



**DISASTER RELIEF SUPPLIES LOAN FORM**

**DISTRICT/SUB-DISTRICT:** .....

<b>NAME OF VICTIM IN FULL:</b>		<b>ID NO:</b>	<b>GENDER:</b>	<b>NO. OF DEPENDENTS:</b>
			<input type="checkbox"/> Male	.....
			<input type="checkbox"/> Female	.....
<b>PHYSICAL ADDRESS:</b>	<b>KGOTLA/WARD:</b>	<b>VILLAGE:</b>		
<b>PLOT NO:</b>				
<b>POSTAL ADDRESS:</b>		<b>TEL/MOBILE NO:</b>		
<b>DISASTER RELIEF SUPPLY ON LOAN:</b>				
<b>TENTS:</b>	<b>MOBILE TOILET</b>	<b>GROUND SHEET</b>	<b>WATER TANK</b>	<b>OTHER (Specify)</b>
(Tick where appropriate)	<b>Total</b>			
<input type="checkbox"/> Marquee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bow	<input type="checkbox"/>			.....
<input type="checkbox"/> Bell	<input type="checkbox"/>			
<input type="checkbox"/> Cottage	<input type="checkbox"/>			
<b>Total tents loaned</b> <input type="checkbox"/>	<b>Total m/toilet</b> <input type="checkbox"/>	<b>Ground sheet</b> <input type="checkbox"/>	<b>Water Tank</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
<b>DATE OF LOAN:</b>			<b>DATE OF RETURN:</b>	
<b>VICTIM's</b>		<b>KGOSI/COUNCILLOR</b>		<b>SUPPLIES OFFICER</b>
NAME IN FULL: .....		NAME IN FULL: .....		NAME IN FULL: .....
SIGNATURE: .....		SIGNATURE: .....		SIGNATURE: .....
DATE: .....		DATE: .....		DATE: .....

**NB:** Should be filled in triplicate. Original should remain with victim, DC's Office and NDMO should each get a copy  
All Relief Supplies should be kept in a good state and returned to the DC's Office within 3 months of loan