

PRIVATE BAG 00417
GABORONE
BOTSWANA



MEMBERSHIP APPLICATION FORM

Corporate

Individual

Name of Entity: _____

Contact Person: _____

Designation: _____

Email Address: _____

Telephone No.: _____

Fax No.: _____

Cell phone No.: _____

Postal Address: _____

VAT Registration No.: _____

The membership is effective as from 01 January 2019 until 31 December 2019

Authorised By: _____

Date: _____

Signed: _____

Contact: BBMA Secretary General, Mr Kopano Bolokwe
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Tel: +267 367 4423
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