



Republic of Botswana

Ministry of Foreign Affairs and International Cooperation

DIPLOMAT NOTIFICATION FORM

Members of Diplomatic Missions, their families and domestic assistants

Name of Mission: .....

Date of Appointment: .....

Date of arrival in Botswana: .....

Surname: .....

Given name (s): .....

Date of birth: .....

Nationality: .....

Marital status: .....

Title: .....

Designation: .....

Category: .....

Name of predecessor: .....

Residential address: .....

Tel. no: .....

Office address: .....

Accompanied by member of family forming part of his/her household  
and domestic assistant

Surname	Given name(s)	Relation	Nationality	Date of birth
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Date: .....

.....  
Signature of Head of Mission

.....  
Official Seal of the Mission