



REPUBLIC OF BOTSWANA

**Form 5**

**TRADE ACT  
(Act No.5 of 2004)**

**(reg.35 (1))**

**APPLICATION FOR DUPLICATE OF TRADE LICENCE**

**Name and Address of the licensee.....**

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**Type of licence.....**

**Date of issue.....**

**Date of expiry.....**

**How was the licence lost?.....**

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**Date of application.....**

**Signature of applicant.....**

**For application for a duplicate licence, submit a copy of the Police report**