BOTSWANA INSURANCE BROKERS ASSOCIATION

MEMBERSHIP RENEWAL / NEW APPLICATION FORM
2025/2026
EMAIL: insurancebrokersassociationbw@gmail.com/ kaindu@dib.co.bw

DETAILS

NAME OF THE COMPANY				
NAME OF CEO/MD				
OMANG/PASSPORT NUMBER				
PHYSICAL ADDRESS				
POSTAL ADDRESS				
TELEPHONE(W)				
CELL PHONE				
TURN OVER	P 000.00 - 3,000,000.00			
	+ P3,000,000 - 5,000,000.00			
	+ P 10,000,000.00			
EMAIL				
MEMBERSHIP STAFF	**Number of staff**	**Number of Consultants**	**Others**	
Details of the Company's Professional Indemnity cover				
Insurer				
Limit of Indemnity & Period of Cover				
Attach cover note				

SUBSCRIPTION FEES

Once Off Registration fee:	P 500.00	
Annual Subscription Fees :		
Revenue less than 5,000,000.00	P3,000.00	
Revenue above 5,000,000.00	P5,000.00	
Membership -P 100.00 per staff member		
AMOUNT DUE		P_____

DECLARATION

I hereby confirm that the above information is true and correct.
I further agree to abide by the Botswana Insurance Brokers Association (BIBA) Code of Conduct. All Relevant Laws, Principles, Rules and Regulations as dictated by NBFIRA and Ministry of Finance.Act in the best interest of each client at ALL TIMES.

SIGNATURE: _____ DATE _____

BANKING DETAILS

Account Name: Botswana Insurance Brokers Association
Bank: Capital Bank
Account No.: 000 27020 10673
Branch: Main Branch