

TELEPHONE: 3692619
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REFERENCE: DIC/SSKA/100/98



SIR SERETSE KHAMA AIRPORT
P. O. BOX 20317
GABORONE

REPUBLIC OF BOTSWANA
DEPARTMENT OF IMMIGRATION AND CITIZENSHIP

UNACCOMPANIED MINORS

FAMILY NAME.....GIVEN NAME.....GENDER.....
PERMANENT ADDRESS:.....LANGUAGES SPOKEN.....
AND TEL NO. OF MINORS..... AGE.....

**PERSON SEEING OFF
ON DEPARTURE**

NAME:..... DOCUMENT TYPE

DOCUMENT NO.....

DECLARATION OF PARENT / GUARDIAN

1. SHOULD THE MINOR NOT BE MET AT STOP OVER POINT OR DESTINATION, I AUTHORISE THE CARRIER TO TAKE ACTION THEY CONSIDER NECESSARY.
2. I CERTIFY THAT THE MINOR IS IN POSSESSION OF ALL TRAVEL DOCUMENTS (PASSPORT, VISA, HEALTH CERTIFICATE) REQUIRED BY APPLICABLE LAWS.
3. I, THE UNDERSIGNED PARENT/ GUARDIAN CERTIFY THAT THE INFORMATION PROVIDED, IS ACCURATE

NAMES:..... SIGNATURE:.....

POSTAL ADDRESS:..... PHYSICAL ADDRESS.....

.....

TEL NO:..... DATE:.....