



**REQUIREMENTS FOR REGISTRATION AS A SERVICE PROVIDER FOR AFA
ADMINISTERED SCHEMES**

1. APPLICATION LETTER WITH THE FOLLOWING PARTICULARS PROVIDED
POSTAL ADDRESS
PHYSICAL ADDRESS
TELEPHONE NUMBER
FACSIMILE NUMBER
E-MAIL ADDRESS
ID NUMBER OF APPLICANT
2. LETTER OF AUTHORIZATION FOR PRIVATE PRACTICE FROM MINISTRY OF HEALTH/ AND CERTIFICATE/APPROVAL OF LICENSING (PHARMACIES)
3. VALID REGISTRATION CERTIFICATE FROM BOTSWANA HEALTH PROFESSIONS/NURSING COUNCIL FOR PROFESSIONAL STAFF.
4. PROFESSIONAL ACADEMIC CERTIFICATES FOR PROFESSIONAL STAFF.
5. CERTIFICATE OF INCORPORATION WHERE A COMPANY NAME IS PROVIDED.
6. INSPECTION REPORT FROM MINISTRY OF HEALTH/DRUG REGULATORY UNIT WILL BE REQUIRED FOR CLINICAL LABORATORY, RADIOLOGY AND PHARMACY PRACTICES (Please note that as part of the assessment for registration, our technical team will visit your practice to do an assessment of the facility)
7. BANKING DETAILS: CANCELLED CHEQUE or LETTER FROM THE BANK
8. C.V
9. COPY OF ID/ OMANG
10. PARTNERSHIP DOCUMENTS/SHARE CERTIFICATE

PLEASE PROVIDE CERTIFIED COPIES