



REPUBLIC OF BOTSWANA

MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT
OFFICE OF THE ACCOUNTANT GENERAL

PULA CARD APPLICATION FORM

I wish to apply for a Pula card.

Applicant's particulars are as under;

1. FIRST NAME: Daniel

SURNAME: Leahy

IDENTIFICATION NUMBER: 6911432

EXPIRY DATE: _____

DATE OF BIRTH: 24/12/1983

2. PHYSICAL ADDRESS: 60 Wade St Unit 2

CITY/TOWN/VILLAGE: Bendigo

POSTAL ADDRESS: 60 Wade St, Unit 2, Golden Square VIC 3555

3. MOBILE NUMBER: +61 481 354 195 EMAIL _____

4. DECLARATION/PULA CARD UNDERTAKING

I have received, read and understood the terms and conditions governing the usage of the Pula Card. I accept to be bound by the said terms and conditions and to changes made therein from time to time by Government of Botswana.

SIGNATURE [Signature]

DATE: 12/04/2025

FOR OFFICIAL USE

ISSUED BY: _____ SIGNATURE: _____ DATE: _____

APPROVED BY: _____ SIGNATURE: _____ DATE: _____