AMENDMENT OF MEMBERSHIP RECORD



BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME Administered by Associated Fund Administrators Botswana (Pty) Ltd.

Gaborone: AFA House + Plot 61918 + P O Box 1212 - Gaborone - Botswana - Telephone: (+267) 365 0555 (Call center) / 365 0500 (Reception) + Fax: (+267) 395 1165 Francistown Branch: Baines Avenue + Plot 31966 + Unit 2 - Ground Floor + P O Box 323 - Francistown - Botswana - Telephone: (+267) 241 2290 - Fax: (+267) 241 2340 www.bpomas.co.bw

*Please complete in block letters, tick appropriate blocks unless otherwise indicated

Dear Sir/Madam, I /We hereby instruct and authorise you to update my/our membership records as follows;

About yourself (principal member)
Marital Status: Married Single Divorced Widowed
Title Initials Surname
First name(s) Sex M F Date of birth d d m y<
Membership No:
Occupation
ID or passport number Country of Issue
Basic Salary P
Cell Tel (H) Tel (W) Fax I
Email
Postal Address Village/Town Physical Address

Your banking details

Please note: we can not accept credit card account details

Bank name				
Branch name	Branch code			
Account number] Type of accou	nt C	heque	Savings
Account holder				

* attach copy of proof of account (bank statement/cancelled cheque) If amending banking details

I hereby certify that all particulars given are true and complete

PLEASE INDICATE THE DETAILS THAT YOU HAVE AMENDED e.g postal address or banking details

1.	
2.	
3.	
4.	

Signature of Applicant:____

Date:_