

AMENDMENT OF MEMBERSHIP RECORD FORM

ADMINISTRATORS OFFICE GABORONE

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BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

***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:

Requirements

- Complete the Amendment of membership record application form

Attachments

- Copy of certified ID/ omang and marriage certificate (if amending principal members names/details)
- Copy of certified marriage certificate (if amending last name)
- Copy of bank statement/payslip if amending banking details
- Copy of certified birth certificate(if amending child's details)

SECTION 1 - ABOUT YOURSELF (PRINCIPAL MEMBER)

Marital Status: Married Single Divorced Widowed

Title Initials Surname

First name(s) Sex M F Date of birth

Occupation

Membership Number ID or Passport Number

Country of Issue

Cell Tel (H) Tel (W) Fax

Email

Postal Address

Physical Address

SECTION 2 - BANK DETAILS OF PRINCIPAL MEMBER

Please note: we can not accept credit card account details

Bank name Branch name

Branch code Account number

Type of account: Current Savings Basic Salary P

Account holder

SECTION 3 - PLEASE INDICATE THE DETAILS THAT YOU HAVE AMENDED e.g postal address or banking details

1.

2.

3.

4.

SECTION 4 - CONSENT

In light of the Data Protection Act, I hereby consent to the processing of my personal data, which includes the collection, recording, storage, gathering, use, disclosure by transmission, dissemination of such information in line with the Scheme services.

Signature of Applicant: _____

Date: _____

SECTION 5 - BPOMAS COMMITMENT

The Scheme is committed to ensuring compliance with the Data Protection Laws of Botswana and that the information collected is used only for the purpose intended.

SECTION 6 - AMENDMENT OF MEMBERSHIP RECORD FORM CHECKLIST

NB: Members will be subjected to sanctions Screening and Anti-Money Laundering/Combating Financing of Terrorism & Proliferation (AML/CFT &P) due diligence measures.

Yes No N/A Comments

Certified copy of Omang (if amending names, birthdays)

Yes No N/A Comments

Certified copy of marriage certificate or marriage resolution (if changing surname)

Yes No N/A Comments

Certified copy of birth certificate (if amending children names or birth days)

Yes No N/A Comments

Copy of payslip or bank statement (if amending banking details)