

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/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.CV
- 8.BUSSINESS BANKING DETAILS

PLEASE PROVIDE CERTIFIED COPIES

Documents can be;

Hand delivered at Claims Department, Associated Fund Administrators (Pty) Ltd at AFA House, Plot 61918 | Showgrounds Office Park

Or sent by post to

**Administrators
Associated Fund Administrators (Pty) Ltd
P.O. Box 1212, Gaborone
Addressed to Claims Department with Supplier Registration marked on the envelope**