

# CARD REQUEST FORM

## ADMINISTRATORS OFFICE GABORONE

Plot 54349, Ground Floor, West Wing,  
The Field Precinct, CBD  
Premium Box 625 AAH, Gaborone  
Tel: +267 316 8900  
Fax: +267 316 8910

## ADMINISTRATORS OFFICE FRANCISTOWN

Plot 32397, Office 26, Sunshine Plaza  
Tel: +267 316 8902  
Fax: +267 316 8910



BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

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

**Requirements:** • Complete the Card Request Form • Card replacement cost P10.00 per card

### SECTION 1 - TYPE OF MEMBERSHIP

**Choose Option:**

**STANDARD**   
P30,000 Cover

**HIGH**   
P300,000 Cover

**PREMIUM**   
P500,000 Cover

### SECTION 2 - MEMBER'S DETAILS

Full Names  ID Number

Membership Number  Contact Number

### SECTION 3 - REASON FOR REPLACEMENT

- Damaged
- Lost
- Fading letter/numbers
- Staying at separate towns/villages
- Not yet received card
- Other specify \_\_\_\_\_

No. of cards requested:

### SECTION 4 - BANKING DETAILS

Bank Name  Account Type

Account Number  Branch Code  Branch Name  Member

### SECTION 5 - 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 6 - 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.