

SERVICE PROVIDER CHANGE OF BANKING DETAILS

ADMINISTRATORS OFFICE
GABORONE

Plot 54349, Ground Floor, West Wing,
The Field Precinct, CBD
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Tel: +267 316 8900
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ADMINISTRATORS OFFICE
FRANCISTOWN

Plot 32397, Office 26, Sunshine Plaza
Tel: +267 316 8902
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BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

SECTION 1 - PROVIDER DETAILS

To facilitate a smooth process of changing your banking details, please submit this completed form together with the required documentation to finance@bpomas.co.bw.

Provider Name	<input type="text"/>
Practice Number	<input type="text"/>
Physical Address	<input type="text"/>
Postal Address	<input type="text"/>
Telephone Number	<input type="text"/>
Cell Number	<input type="text"/>
E-Mail Address	<input type="text"/>
ID Number of Account Holder	<input type="text"/>

SECTION 2 - PREVIOUS ACCOUNT DETAILS

Name of Account Holder	<input type="text"/>		
Name of Bank	<input type="text"/>		
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	Cheque/Current <input type="checkbox"/>	Savings	<input type="checkbox"/>

SECTION 3 - NEW ACCOUNT DETAILS

Name of Account Holder	<input type="text"/>		
Name of Bank	<input type="text"/>		
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	Cheque/current <input type="checkbox"/>	Savings	<input type="checkbox"/>
Signature of Account Holder: _____		Date of Signature: _____	

SECTION 4 - AUTHORISATION

- I/We hereby instruct and authorise Botswana Public Officers' Medical Aid Scheme (BPOMAS) to credit amounts, which may be due to my/our practice into the above bank account.
- I/We understand that the credit transfers hereby authorised will be processed electronically and details of each credit will be printed on my/our statement.
- In light of the above and 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 and dissemination of such information in line with the Scheme services.

SECTION 5 - DOCUMENTATION REQUIRED

- ✓ Certified copy of ID for all doctors in the practice.
 - ✓ Original letter with original stamp from the bank (on an official letterhead) indicating the account holder's name, account number, account type and branch code which is not older than 3 months old
- OR
- ✓ Original bank statement with original bank stamp that confirms the account holders name, account number, account type and branch code which is not older than 3 months old
 - ✓ If the practice name and the bank account holder name are different, please provide a Trading As Letter and CIPA documents that indicate the registration number of the company.
 - ✓ If the practice has appointed an administrator, provide confirmation of the appointment on the practice letter head together with CIPA documents of the administrator.

Please note: If proposed account holder is new/different from vetted service provider, KYC Questionnaire has to be completed before approval.

Disclaimer:

Botswana Officers' Medical Aid Scheme (BPOMAS) will make all payments due to the healthcare provider using the banking information supplied and cannot be held liable for any loss due to incorrect banking details supplied.

SECTION 6 - 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.