



Medical Aid Fund
We care for your health!

**PULA BABY MATERNITY PROGRAMME
REGISTRATION FORM**



MOTHER'S DETAILS

Full names

Date of Birth ID Number Membership Number

Marital Status

Email Address:
(weekly emails)

Cell Number Work Number

Physical Address (mom)

Postal Address

Employer

Number of Weeks
(how far along is the pregnancy)

Are you a Dependant/ Principal Member

Signature _____ Date: _____

FATHER'S DETAILS (fill this if dad wants to receive emails)

Full name(s)

PULA member - yes or no Membership Number

Email Address

Where did you hear about the programme?

Pula Website

Social media

Friend/colleague

Pula office

Other; please specify

Important Note:

- * Email completed form to marketing@pulamed.co.bw and confirm registration at 3650504/586
- * Registration for PULA Baby should be done from 12 weeks of pregnancy (latest 16 weeks)
- * Only registered mothers will get hamper bags from 28 weeks of pregnancy
- * Expectant mother only qualifies for the program if she is a principal member or dependant
- * Registration confirmation will be through a call from Serurubele Centre