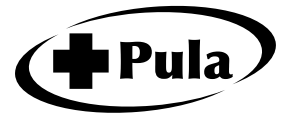


# NOTICE OF WITHDRAWAL OF DEPENDANT



**PULA MEDICAL AID FUND** Administered by Associated Fund Administrators Botswana (Pty) Ltd.  
 Gaborone: AFA House • Plot 61918 • P O Box 1212 • Gaborone • Botswana • Telephone: (+267) 365 0555 (Call center) / 365 0500 (Reception) • Fax: (+267) 395 1165  
 Francistown Branch: Baines Avenue • Plot 31966 • Unit 2 • Ground Floor • P O Box 323 • Francistown • Botswana • Telephone: (+267) 241 2390 / 241 2290 • Fax: (+267) 241 2340  
[www.pulamed.co.bw](http://www.pulamed.co.bw)

**Medical Aid Fund**  
*We care for your health!*

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

## About yourself (principal member)

Marital Status: Married  Single  Divorced  Widowed

Title  Initials  Surname

First name(s)  Sex M  F  Date of birth

Occupation

ID or passport number  Country of Issue

Membership number  Basic Salary P

Cell           Tel (H)         Tel (W)         Fax

Email

Postal Address  Village/Town  Physical Address

## DETAILS OF THE DEPENDANTS TO BE WITHDRAWN

First Names & Surname(s)	Relationship to member	Birth Dates							Gender	Identity Number/Birth Certificate or Passport Number
		D	D	M	M	Y	Y	Y		

## REASONS FOR WITHDRAWAL

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Employer Signature \_\_\_\_\_

Signature of the Principal Member: \_\_\_\_\_

Date \_\_\_\_\_

