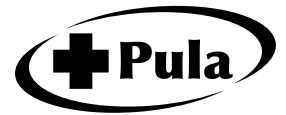


# AMENDMENT OF MEMBERSHIP RECORD



**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**

**Dear Sir/Madam, I /We hereby instruct and authorise you to update my/our membership records as follows;**

## About yourself (principal member)

Marital Status: Married  Single  Divorced  Widowed

Title  Initials  Surname

First name(s)  Sex M  F  Date of birth

Membership No:

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

## Your banking details

Please note: we can not accept credit card account details

Bank name

Branch name  Branch code

Account number  Type of account Cheque  Savings

Account holder

\* attach copy of proof of account (bank statement/cancelled cheque) **If amending banking details**

I hereby certify that all particulars given are true and complete

## PLEASE INDICATE THE DETAILS THAT YOU HAVE AMENDED e.g postal address or banking details

1.

2.

3.

4.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_