AMENDMENT OF MEMBERSHIP RECORD

pulamed
Hello Life

PULA MEDICAL AID FUND Administered by Associated Fund Administrators Botswana (Pty) Ltd
Gaborone Office: Plot 74769 • Mowana Mews Ground Floor, CBD • P O Box 1212 • Gaborone • Botswana • Telephone: (+267) 365 0555 (Call Center)
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***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:_____

SUBMIT FORM TO;
clientservices@afa.co.bw