

AMENDMENT OF MEMBERSHIP RECORD



PULA MEDICAL AID FUND Administered by Associated Fund Administrators Botswana (Pty) Ltd.
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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: _____