EMPLOYER GROUP APPLICATION FORM

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: Plot 32397 • Office 26 Sunshine Plaza Francistown • P O Box 323 Francistown Botswana • Telephone : (+267) 241 2290 / 2390
www.pulamed.co.bw

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

EMPLOYER GROUP APPLICATION FORM

Company Name

Industry

Website

Physical Address

Postal Address

Telephone

Fax

Staff compliment

Date established d d m m y y y y

CONTACT PERSON - FINANCE (for billing and medical aid statements)

Full Names

Position

Email Address

Cell Number

Telephone

CONTACT PERSON - Human Resources

Full Names

Position

Email Address

Cell Number

Telephone

Signature_____

COMPANY STAMP

*** Attach a copy of Certificate of Incorporation/Proof of existence**