

MEMBER TERMINATION 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**

About yourself (principal member)

Title Initials Surname

First name(s)

Membership Number

Cell Tel (H) Tel (W) Fax

Email

Postal Address

REASONS FOR TERMINATION (Tick where applicable)

1. Financial Constraints
2. Joining Spouse Cover
3. Joining New Medical AID
4. Resigned/Change of Employer
5. Divorced
6. Deceased
7. Other

please specify: _____

NB: Please return membership card

Employer Signature _____

Signature of the Principal Member: _____ Date: _____

Termination Date _____

EMPLOYER'S STAMP