MEMBER TERMINATION FORM

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)
Francistown Office: Plot 4040/405 • Riverside Private Hospital, Moffat Street, CBD • Francistown • P O Box 323 • Francistown • Botswana • Telephone: (+267) 241 2262
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

SUBMIT FORM TO;
clientservices@afa.co.bw