

NOTICE OF WITHDRAWAL OF DEPENDANT

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)

Marital Status: Married Single Divorced Widowed

Title Initials Surname

First name(s) Sex M F Date of birth

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

DETAILS OF THE DEPENDANTS TO BE WITHDRAWN

First Names & Surname(s)	Relationship to member	Birth Dates	Gender	Identity Number/Birth Certificate or Passport Number
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	

REASONS FOR WITHDRAWAL

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Employer Signature _____

Signature of the Principal Member: _____

Date _____

EMPLOYER'S STAMP