NOTICE OF WITHDRAWAL OF DEPENDANT

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)

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DETAILS OF THE DEPENDANTS TO BE WITHDRAWN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

SUBMIT FORM TO;
clientservices@afa.co.bw