



Please complete in BLACK ink
Print clearly using CAPITAL letters
Only one character per block
Leave one block between words
Mark with an [X] where necessary

Administered by AFA Botswana (Pty) Ltd.

AFA House
Plot 61918, Showgrounds
Office Park
P O Box 1212, Gaborone
Tel: 365 0500/365 0586

Plot 31966, Unit 2
Ground Floor
Baines Avenue
P O Box 323, Francistown
Tel: 241 2290/241 2390

www.pulamed.co.bw

CHANGE OF BENEFIT OPTION FORM

SECTION 1: To be completed by member

Title: Mr [] Mrs [] Ms [] Dr [] Prof [] (Others Specify).....

Marital status: Single [] Married [] Widow []

Grid form for personal and contact details including: Initials, Surname, First Names, Cell No, Email Address, Postal Address, Nationality, Name of Employer, Membership Number, Telephone (work), Telephone (Res), Fax Number, Monthly Salary (Yourself) P, Attach copy of advice slip, Pay Roll.

*Please select an option you want to upgrade / degrade to:

OPTION SELECTED: DÉLUXE BENEFIT OPTION []

STANDARD BENEFIT OPTION []

NOTE:*Member may only transfer from one benefit to the other on the first day (01 July) of the financial year of Fund, provided he has given one (1) month written notice.

Date: _____

Signature of Member: _____

Employer's date stamp: _____

Signature of Employer: _____