



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

Administered by AFA Botswana (Pty) Ltd.

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**AMENDMENT OF
MEMBERSHIP RECORD**

MEMBER DETAILS

(Please print all the information in blockletters ONE LETTER PER BOX)

Date: _____

Dear Sir/Madam

I hereby authorise you to update my membership record as follows:

1 PERSONAL DETAILS

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

Marital Status: Single Married Widowed

ii FULL NAME: _____

iii MEMBERSHIP NUMBER: _____

2. CONTACT DETAILS:

i TELEPHONE NUMBERS

Work: _____ Home: _____ Mobile: _____

ii FAX: _____

iii POSTAL ADDRESS: _____

iv EMAIL ADDRESS: _____

3. BANKING DETAILS

i BANK NAME: _____

ii BRANCH NAME OR TOWN: _____

iii BRANCH NUMBER: _____

iv ACCOUNT NUMBER: _____

v TYPE OF ACCOUNT: _____

SIGNED AT: _____ THIS _____ DAY OF _____ 20 _____

I hereby certify that all particulars are accurate and complete

Signature of applicant: _____