Pula Medical Aid Fund

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.

NOTICE OF WITHDRAWAL OF DEPENDANT

AFA House
Plot 61918, Showgrounds
Office Park
P O Box 1212, Gaborone
Tel: 365 0500/365 0586
Fax: 395 1165

Autolot House
Plot 2074, Suite 104
Blue Jacket Street
P O Box 323, Francistown
Tel: 241 2290/241 2390
Fax: 241 2340

www.pulamed.co.bw

1. MEMBER DETAILS
(Please print all the information in blockletters ONE LETTER PER BOX)

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

Marital Status: Single Married ☐ Widowed ☐

Name of member Intials ☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of Employer _____

Contact Address _____

Membership Number ☐☐☐☐☐☐☐☐☐☐☐☐

2. DETAILS OF DEPENDANT(S) TO BE WITHDRAWN

2.1 Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Names ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Effective Date Day ☐☐ Month ☐☐ Year ☐☐☐☐

Reasons for withdrawal _____

_____

2.2 Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Names ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Effective Date Day ☐☐ Month ☐☐ Year ☐☐☐☐

Reasons for withdrawal _____

_____ _____
Signature of Member Date

_____ _____
Signature of Employer Employer's Date Stamp