

International Student Healthplan

Section C - Your Payment - Member Information - Banking Details

Self <input type="radio"/>	Parent/Guardian <input type="radio"/>	(Please tick where applicable)
Surname <small>(if Parent/Guardian)</small>		
Name		
Bank Name		
Branch Name		
Branch Code	Account Type	
Account Number		

I / We hereby instruct and authorise Botswana Medical Aid Society to draw against my / account with the above named bank / our monthly subscriptions on the day of each month commencing..... And continuing until further notice in writing from me/us. All such withdrawal from my / our account shall be treated as though they have been signed by me / us personally. I / We authorise Botswana Medical Aid Society to automatically update the monthly subscriptions due to member changes and annual subscriptions adjustment without the need to sign new debit order authorisation. This instruction may be cancelled by me / us by giving a 30 days notice in writing, sent by registered mail or delivered to the society's offices, but I / We understand that I / We shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society. Receipt of this instruction by the Society shall be regarded as a receipt thereof by my / our bank.

Signature	
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Date	
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Section D - Next of kin

Relationship	
Surname	
Name	

International Student Healthplan

Application Form Continued.....

<i>When did the symptoms start and when was treatment completed</i>	()
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<i>What treatment did you receive and when (please include dates, names and details of medications)?</i>	()
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<i>What was the outcome of the treatment (e.g ongoing, complete, recovery, recurrent or likely to recur)?</i>	()
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	()
	()