

Membership Information Update Form

M	
Membership Number	

Your personal details

Surname					
First Names (In full)					
Male/Female <small>(Please tick where appropriate)</small>	M	F	Nationality	ID/Passport No.	
Marital Status	Single <input type="radio"/>	Married <input type="radio"/>	Divorced <input type="radio"/>	Widowed <input type="radio"/>	Common Law <input type="radio"/>
Date of birth	DD-MM-YYYY				
Postal Address					
Cellphone 1					
Cellphone 2/ Landline					
Email Address 1					
Email Address 2					

Where would you like to receive your membership communication (tele/e-mail) specify

Tele

Email

Dependents

	Name & Surname	Gender	ID/Passport No.	Date of birth
1				DD-MM-YYYY
2				DD-MM-YYYY
3				DD-MM-YYYY
4				DD-MM-YYYY
5				DD-MM-YYYY
6				DD-MM-YYYY

Your payment details Member Information Banking Details

Bank Name			
Branch Name			
Branch Code	Account Type		
Account Number			

I/we hereby instruct and authorise Botswana Medical Aid Society to credit to my/our account with the above named Bank any member claim(s) payment due to myself

Signature

Date