

DECLARATION OF INCOME

To be completed when adding dependants over 25, other than spouse and parent.

Membership Number

1. Principal Member Details

Should any of the details below differ to the information that is currently on record, I hereby give consent for the information on record to be updated accordingly

Yes No

Title	<input type="text"/>	First name (s)	<input type="text"/>
Surname	<input type="text"/>	ID/Passport No.	<input type="text"/>
Home Phone	<input type="text"/>	Email Address	<input type="text"/>
Work Phone	<input type="text"/>	The Dependant Cellphone No.	<input type="text"/>

2. Dependant Details

Title	<input type="text"/>	First name (s)	<input type="text"/>
Surname	<input type="text"/>	ID/Passport No.	<input type="text"/>
Home Phone	<input type="text"/>	Email Address	<input type="text"/>
Work Phone	<input type="text"/>	Cellphone No.	<input type="text"/>

3. Dependant's Banking Details

Attach copy of principal bank letter confirming the below banking details. Application will NOT be processed without this document.

Applicant's full names	<input type="text"/>
Applicant's Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="radio"/> Current/Cheque <input type="radio"/> Savings <input type="radio"/> Credit Card <input type="radio"/> Transmission

4. Income - Dependant

Source of Income	Monthly Income BWP
Employment of self - employment (salary etc.)	
Pension and annuities	
Consulting services	
Trusts	
Scholarships/Bursaries	
Fellowships work	
Freelance work	
Maintenance/support payments	
Allowances	
Investment income	
Rental income, interest, dividends	
Other:	
Total	

5. Client Information Consent

In terms of the Data Protection Act Bomaid is obligated to obtain the customer's consent to acquire and process customer information. To provide performance of a contract to which the customer is party Bomaid might have to share the customers personal and sensitive data with authorized third parties such as service providers and consultants for processing. Our comprehensive privacy notice is available on our website.

I authorise Bomaid or any Bomaid contracted outsourced providers to collect, process and request my personal and sensitive data from any healthcare service provider or person who has attended to me or my dependants in the past or who will attend to us in the future or who may be in possession of information about us, including our health status, treatment received or anticipated as well as any other relevant health information for any purpose directly related to our membership or which is authorised in terms of the Medical Schemes Act, the Scheme Rules or any other legislation, also after the death or termination of membership of any of us.

I authorise Bomaid to deal with my dependants and me electronically and treat electronic communication (such as email, telephone, Bomaid's digital App) as being the same as written authority and confirmation. I agree further that, where we choose to use electronic methods to transact with Bomaid, we will carry the risk of such use.

Bomaid may use my information for the purpose of marketing (including direct marketing) of its suite of products, benefits and any other financial or non-financial services offered by itself and its subsidiaries.

I have the right to see any information that Bomaid holds about me, and to have my details removed.

I provide the consent of my own free will without any undue influence from any person whatsoever and I understand that I can withdraw my consent in writing at any time. The grounds for withdrawing consent should be legitimate, reasonable, and compelling.

The Fund may send your personal information to service providers outside Botswana for the storage or further processing on behalf of Bomaid. Bomaid will ensure to adhere to the provisions of the Data Protection Act before such transborder transfer of your personal information.

Signature _____

Date

6. Declaration By Commissioner Of Oaths

I certify that the above deponent has acknowledged that he/she knows and understands the contents of this declaration. This declaration was sworn to/ affirmed before me and the deponent's signature was placed herein in my presence.

Name _____

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Official stamp of Commissioner of Oaths