

Once filled in please email the completed form and supporting documents to membership@bomaid.co.bw OR fax to +267 3184152/ 230 OR drop off at your nearest Bomaid office



Change of Scheme Form

Membership Number																			
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Principal Member's details

Title																				
	First Name (s)																			
Surname																				
	ID/Passport No.																			
Sex	M <input type="radio"/>	F <input type="radio"/>	Date of Birth	D	D	M	M	Y	Y	Y	Y	Marital Status	S <input type="radio"/>	M <input type="radio"/>	D <input type="radio"/>	W <input type="radio"/>				
Home Phone												Cellphone								
Work Phone												Fax								
Postal Address																				
Physical Address																				
Email Address																				

Please select your current scheme

A
 A+
 B
 B+
 C
 C+
 A Standard

Please select your scheme you want to upgrade/downgrade to

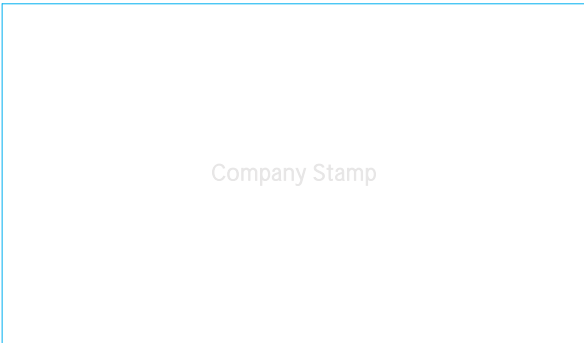
A
 A+
 B
 B+
 C
 C+
 A Standard

Employer Authorization

Reason for change of scheme	Loss of employment* <input type="radio"/> Inadequate Benefits <input type="radio"/> Under utilization of Benefits <input type="radio"/> Other <input type="radio"/>	
	<small>*attach letter stating loss of employment/retrenchment</small> Other (specify)	Start Date of New Scheme 0 1 M M Y Y Y Y
Member Signature		Date signed D D M M Y Y Y Y

Employer authorization (Ignore if INDIVIDUAL member)

Staff rep full names																				
Designation																				
Staff Rep Signature																				



Company Stamp