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

Bomaid
Health & Happiness at heart

Membership Information Update Form

1. Principal Member : Your personal details

Attach copy of your ID or Passport.

Membership No.		Date of Birth	D D M M Y Y Y Y
Title		First Name (s)	
Surname		ID/Passport No.	
Male / Female (Please tick where applicable)	M ◯ F ◯	Nationality	
Marital Status	S ◯ M ◯ D ◯ W ◯	Educational Background	Certificate ◯ Diploma ◯ Degree ◯ Masters ◯ PHD ◯ Others ◯
Home Phone		Cellphone 1	
Work Phone		Cellphone 2	
Personal Email Address			
Work Email Address			
Postal Address			
Physical Address			
Employer Name			

3. Your Scheme Cover - Level of cover (Please tick one box only)

A ◯ A+ ◯ B ◯ B+ ◯ C ◯ C+ ◯ A Standard ◯

3. Applicant's banking details (for Claim Refunds)

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

Payer's Full Names	
Payer's Bank Name	
Branch Name	
Account Number	
Account Type	Current/Cheque ◯ Savings ◯ Credit Card ◯ Transmission ◯

4. Next of Kin's Details

Full Names			
Cellphone Number		Relationship to Main Member	Spouse ◯ Son ◯ Daughter ◯ Parent ◯
Email Address			