

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