CARD REQUEST FORM

BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME Administered by Associated Fund Administrators Botswana (Pty) Ltd.
Gaborone: AFA House • Plot 61918 • P O Box 1212 • Gaborone • Botswana • Telephone: (+267) 365 0555 (Call center) / 365 0500 (Reception) • Fax: (+267) 395 1165
Francistown Branch: Baines Avenue • Plot 31966 • Unit 2 • Ground Floor • P O Box 323 • Francistown • Botswana • Telephone: (+267) 241 2390 / 241 2290 • Fax: (+267) 241 2340
www.bpomas.co.bw **Botswana Public Officers' Medical Aid Scheme**

***please complete in block letters, tick appropriate blocks unless otherwise indicated**

Date: D D M M Y Y Y Y

Option: Standard ☐

High ☐

Premium ☐

Member's Details

First Name: _____

Membership No: _____

ID Number: _____

Reason for Replacement

☐ Damaged

☐ Lost

☐ Fading letter/numbers

☐ Staying at separate towns/villages

☐ Not yet received card

Other specify…….....

No. of cards requested: _____

Member's signature…….. Date: D D M M Y Y Y Y