

DEBIT ORDER AUTHORIZATION FORM

ADMINISTRATORS OFFICE GABORONE

Plot 54349, Ground Floor, West Wing,
The Field Precinct, CBD
Premium Box 625 AAH, Gaborone
Tel: +267 316 8900
Fax: +267 316 8910

ADMINISTRATORS OFFICE FRANCISTOWN

Plot 32397, Office 26, Sunshine Plaza
Tel: +267 316 8902
Fax: +267 316 8910



BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

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

SECTION 1 - DETAILS OF PRINCIPAL MEMBER

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>																						
First name(s)	<input type="text"/>			Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
ID or passport number	<input type="text"/>			Country of Issue	<input type="text"/>																						
Email	<input type="text"/>			Membership Number	<input type="text"/>																						
Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>																										
Physical Address	<input type="text"/>																										

SECTION 2 - BANK DETAILS OF PRINCIPAL MEMBER

Please note that credit card account details will not be accepted.

Bank name	<input type="text"/>				Branch name	<input type="text"/>							
Branch code	<input type="text"/>		Account number	<input type="text"/>									
Type of account	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Other	<input type="checkbox"/>	Account holder	<input type="text"/>			
Amount to be debited	<input type="text"/>												

SECTION 3 - AUTHORISATION AND DECLARATION

I certify that the information I have provided above is true and correct and I hereby authorize Botswana Public Officers Medical Aid Scheme (The Scheme) to draw against my account with the above mentioned bank (or any other branch or bank to which I may transfer my account), the monthly contribution on the last day of each month commencing on the..... of every month and continuing until further written notice from me.

In the event that the debit order is unpaid for whatsoever reason, I agree to reimburse the Scheme charges levied by the bank. All such withdrawals from my account shall be treated as though they have been signed by me personally. I authorise the Scheme to automatically update the monthly subscriptions due to member changes and annual subscriptions adjustment without the need to sign a new debit order authorisation.

This instruction may be cancelled by me by giving a thirty (30) days notice in writing, sent by registered mail or delivered to the Scheme's offices, but I understand that I shall not be entitled to any refund of amounts which the Scheme may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Scheme. Receipt of this instruction by the Scheme shall be regarded as a receipt thereof by my bank.

In light of the above and the Data Protection Act, I hereby consent to the processing of my personal data, which includes the collection, recording, storage, gathering, use, disclosure by transmission, dissemination of such information in line with the Scheme services.

Signed aton thisday of2023.

Signature of Member

SECTION 4 - BPOMAS COMMITMENT

The Scheme is committed to ensuring compliance with the Data Protection Laws of Botswana and that the information collected is used only for the purpose intended.