TERMINATION FORM

ADMINISTRATORS OFFICE

- Plot 54349, Ground Floor, West Wing,
 The Gold Presingt, CPD.
- Premium Box 625 AAH, Gaborone
- Fax: +267 316 8910

ADMINISTRATORS OFFICE FRANCISTOWN

Plot 32397, Office 26, Sunshine Pla
 Tel: +267 316 8902

♣ Fax: +267 316 890.



*Please complete in block letters, tick appropriate blocks unless otherwise indicated Requirements: • One months' notice before termination can be effected SECTION 1 (a) - PERSON(S) BEING TERMINATED: Principal Member: Dependant: SECTION 1 (b) **Adult Child Dependant: Grandchild Dependant:** Parent Dependant: SECTION 2 - ABOUT YOURSELF (PRINCIPAL MEMBER) Single Divorced Widowed Marital Status: Married Title Initials Surname M F Date of Birth First name(s) Sex Occupation Membership Number Tel (H) Tel (W) Cell Fax SECTION 3 - DETAILS OF PERSON(S) BEING TERMINATED OR WITHDRAWN Gender First Names & Surname(s) Relationship to Birth Dates Identity Number/Birth Certificate or M Y YD M Passport Number member SECTION 4 - REASONS FOR TERMINATION (TICK WHERE APPLICABLE) 4. Resigned/Change of Employer 1. Financial Constraints 2. Joining Spouse Cover 5. Divorced 3. Joining New Medical Aid 6. Deceased 7. Other Please specify: In light of 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. Signature of the Principal Member:_ Date: Employer Signature___ 1. Voluntary termination leads to a member not being accepted back into the Scheme for a period of 24 months.

2. Please further note that your benefits will be prorated up to the date of termination.

SECTION 6 - 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.