

BOTSWANA DEFENCE FORCE RETIRED MEMBERS ASSOCIATION (BDFRMA)

MODIRI HOUSE PLOT NO: 22076.

P,O BOX 333 BCR.

MOGODITSHANE.

BOTSWANA.

TEL: (267) 3910453.

FAX: (267) 3904371

APPLICATION FORM

MEMBER DETAILS

FORCE NUMBER		RANK/ TITLE		
SURNAME		TEL:	home	work
FORENAMES		CELL:		
DATE OF BIRTH		EMAIL ADDRESS:		
DATE OF RETIREMENT		MARITAL STATUS:	M	S
IDENTITY NO.		POSTAL ADDRESS:	D	W
PROFESSION				
HOME VILLAGE				
WARD		PHYSICAL ADDRESS		

NEXT OF KIN

NAME	RELATION	CONTACT NO

BENEFICIARY DETAILS

BENEFICIARY NAMES	RELATION TO MEMBER	BENEFICIARY ID NO.	DATE OF BIRTH
			dd/mm/yyyy
			dd/mm/yyyy
			dd/mm/yyyy
			dd/mm/yyyy

EMPLOYMENT DETAILS

NAME OF CURRENT EMPLOYER	OCCUPATION	POSITION HELD

PENSION DETAILS

ADMINISTRATOR	PAYSLIP NUMBER	LOCATION

BANK DETAILS

BANK	BRANCH	ACCOUNT TYPE	ACCOUNT NUMBER

I, the undersigned, hereby make application to BDFRMA to be admitted as a member of the association. I confirm having read and understood the association regulations and if admitted I agree to abide by the rules of the association.

Signature of member _____

Date: _____