

REQUEST TO PAY ADDITIONAL VOLUNTARY CONTRIBUTIONS



Employer (Ministry / Dept): _____

Full name: _____

Omang No: _____

Monthly Pension Salary: _____

Date of Birth: _____

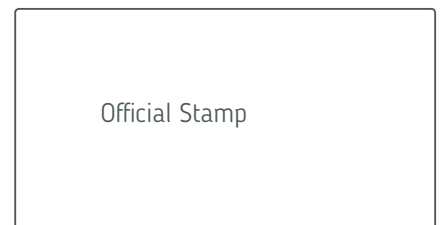
This serves to confirm that I wish to pay Additional Voluntary Contributions to the Botswana Public Officers Pension Fund with effect from _____. The Additional Voluntary Contribution to be deducted is to be at the rate of ____% of my monthly salary **OR** a flat amount of P_____ per month (delete whichever is not applicable).

I understand that:

1. The Additional Voluntary Contributions specified above will be deducted from my monthly salary payable at the end of the month in which I elect to commence these contributions.
2. The maximum Additional Voluntary Contribution that I may pay is 10% of my monthly salary.
3. My Additional Voluntary Contributions will be paid to me upon termination of my membership of the Fund in accordance with the Rules of the Fund and all other prevailing Legislation.

Member's Signature: _____ Date: _____

HR Department's Signature: _____ Date: _____



Note: This form is submitted to the Employer.