

MEMBER ENROLMENT FORM



FOR COMPLETION BY THE MEMBER (PLEASE COMPLETE IN FULL)

First Name: _____ Middle Name: _____

Surname: _____ Omang No: _____

Gender Male Female

Marital Status Single Married Divorced Widowed

Postal Address: _____

Physical Address (Plot / Ward / Village / Town): _____

Cell No: _____ Tel No: _____ Email Address: _____

Date of employment: _____

Employer / Ministry: _____

Pensionable Salary: _____

Member Contribution (5%): _____

Employer Contribution (15%): _____

I _____ of Omang Number: _____

certify that the information supplied above is correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

FOR COMPLETION BY MINISTRY MANAGEMENT / HUMAN RESOURCES OFFICE.

NB: To be completed by an authorised Officer

I, the undersigned, hereby certify that all particulars furnished in this Forms are complete and correct

Name: _____

Designation: _____

Signature: _____

Tel No: _____

Official Date Stamp

Please Return a completed Form to any BPOPF's offices and attach the following:

- Certified copy of Omang
- Casualty Return/Confirmation letter (first date of pensionable employment)
- Completed Nomination of Beneficiaries form (this is compulsory by law)

Once completed, please return this form to ANY of the four BPOPF offices closer to you:

c/o The Regional Manager
Botswana Public Officers Pension Fund
Private Bag 29
JWANENG
Tel: 588 1236

c/o The Regional Manager
Botswana Public Officers Pension Fund
Private Bag 0053
FRANCISTOWN
Tel: 241 2562

c/o The Regional Manager
Botswana Public Officers Pension Fund
Private Bag 7, Poso House
GABORONE
Tel: 318 6820

c/o The Regional Manager
Botswana Public Officers Pension Fund
Private Bag 60
MAUN
Tel: 686 0597