

QUERY FORM



In order to ensure that your personal information held by the Botswana Public Officers Pension Fund is accurate, kindly complete the required information below.

Full Name : _____

Omang No : _____

Date of Birth : _____

Date Employed : _____

Date Joined Fund : _____

Employer (Ministry / Dept) : _____

(Please tick where applicable)

Membership Status Active Deferred

Nature of Query Change of surname Transfer Value Date of Birth
Date joined Fund Date of Employment

Others

Specify nature of query : _____

(Contact details to where correspondence should be sent)

Postal Address : _____

Contact Numbers (Tel / Cell / E mail) : _____

Enclose the following documents and submit with form;

- Certified copy of Omang
- Casualty Return or confirmation of date of employment letter
- Proof of change of names
- Salary Card / Pay Slip at the time of joining the Fund (Transfer Value)
- Option Form (to confirm date of joining the Fund)