

Shaded areas for office use only

Membership Number							

Administrator			

Section A - Tertiary Institution Details

Institution Name _____

Nature of Institution _____

Institution Address _____

Telephone Numbers (H) Code () _____ (W) Code () _____

Postal Address _____

Student Number

Section B - Member Details

Title _____ Initials _____ Full Names _____

Surname _____ Nationality _____

Physical Address _____

Postal Address _____

Postal Code _____

Telephone Numbers (H) Code () _____ (W) Code () _____

Cell No. _____ E-mail _____

Date of Birth I.D. / Passport Number _____

Copy of ID/Passport to be attached to the application form - legally required

Marital Status Single Married Divorced Widowed Common Law

Start Date End Date

Section C - Beneficiaries

Relationship	Surname	Name	Contact Information	Gender	Date of Birth
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Proudly Distributed by:

Managed by:



Section D - Product Option (Annual Pula)

 Monthly Quarterly Bi-Annually Annually**BOM***aid* Bank Account:

First National Bank of Botswana - Main Mall Branch

Branch Code: 282267

Account #: 571 3111 3369

Reference membership number: 74265

Section E - Medical History

Do you have any current medical conditions?

Yes No

Are you using any medication currently?

Yes No

Please supply details _____

Section E - Declaration by Applicant/Guardian/Parent

I, the undersigned, hereby declare that this application for amendments and changes is true and correct and agree that the amendments shall form the basis of my contract. I authorise Prosperity Health to debit my bank account, details of which have been provided to Prosperity Health, for any amount due in terms of the membership applied for.

Signed at _____ on this _____ day of _____ 20_____

Principal Member name _____

Principal Member signature _____