

BOTSWANA MEDICAL AID SOCIETY

MEMBER DEBIT ORDER FORM AUTHORISATION FORM Serial No:

A. Member Information

Name of Principal member:

Family number:(e.g. m12347)

Scheme (e.g. B)

Health plan option:(e.g. M+2)

Subscription rate : P.....

Addresses:

:

Tel Numbers:

Work

Home

Cell

B. Banking Details

Bank Name :

Branch Name:

Branch Code :

Account NO_ :

Account Type :

B. Banking Details

I / We hereby instruct and authorise Botswana Medical Aid Society to draw against my / our account with the above named bank my / our monthly subscriptions on theday of each month commencingAnd continuing until further notice in writing from me/us. All such withdrawals from my / our account shall be treated as though they have been signed by me /us personally.

I / We authorise Botswana Medical Aid Society to automatically update the monthly subscriptions due to member changes and annual subscriptions adjustments without the need to sign new debit order authorisation.

This instruction may be cancelled by me / us by giving a 30 days notice in writing, sent by registered mail or delivered to the society's offices, but I / We understand that I / We shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society.

Receipt of this instruction by the Society shall be regarded as a receipt thereof by my /our bank.

Signature for signing cheques: Date: