BOMaid
BOTSWANA MEDICAL AID SOCIETY
The medical aid you can trust

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MONTHLY SUBSCRIPTION PAYMENT FORM B5

NAME OF COMPANY/INDIVIDUAL	
MONTH (S) SUBSCRIBING FOR	
TOTAL AMOUNT ON CHEQUE	
DATE OF PAYMENT	

MEMBERSHIP NUMBER	MEMBER/EMPLOYEE NAME	NO. OF DEPENDENTS	SALARY GROUP	RATE PAID
		TOTAL CHEQUE AMOUNT		

SUBSCRIPTIONS ARE PAYABLE IN ADVANCE BY THE 7TH OF EACH MONTH.