BOTSWANA DOCTORS UNION
Unitatis et Salutem

Plot 53915, Block 5, First Floor, Unit 3
Mountain View Complex, Gaborone
P O Box 21815, Bontleng, Gaborone
info@bdu.org.bw
Office: 395 2512
Cell: 73 278 074

ADDRESS:.....
POSTAL:.....
TEL/CELL:.....
EMAIL:.....

ATT: Secretary General
Dear Sir/Madam

AUTHORISATION FOR DIRECT ACCOUNT DEBIT

I ..... of Identity /Passport No. .....
being a member of the Botswana Doctor's Union authorize you to deduct P..... from my account to cover my parents and extened family members under my bdu funeral policy.
This authorization takes effect from ..... (month and year) and shall continue in force until cancelled in writing with 3 (three) clear month's notice.

BHPC number: ..... Date to start: .....

PARENTS & PARENTS IN LAW (Under 75 years when joining)

	Surname	First Name	Gender	Relationship	Monthly Premium (BWP)
1					
2					
3					
4					

EXTENDED FAMILY (Under 75 years when joining)

	Surname	First Name	Gender	Relationship	Monthly Premium (BWP)
1					
2					
3					
4					

Direct Debit Instruction			
Account Holders Name			
Account Number		Bank	
Branch Code		Branch Name	
Type of Account	OCurrent OSavings OTransmission	Day of direct debit action	O 21st O 26th
Authorized Signature		Date	
Beneficiary:	Botswana Doctor Union	Bank:	Standic Bank
		Account Number:	9060003985526
		Branch Code:	064967
		Branch:	Fairground