

BOTSWANA DOCTORS UNION MEMBERSHIP APPLICATION FORM

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS (tick the appropriate)

1. Name of the Applicant:
2. Next of Kin:
3. Contact details for Next of Kin:
4. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: (dd/mm/yyyy)
5. a. Nationality: b. Status: Resident Individual/ Non Resident/ Foreign National
6. a. ID Number: b. Passport Number:

B. ADDRESS DETAILS

1. Residence Address:
 City/town/village: Country:
2. Contact Details: Tel. (Off.) Mobile No.: Fax: Email id:

C. DOCTOR'S INFORMATION

3. Sector: Public Private
4. Name of Hospital:
5. Practice number:
6. Occupation:

DECLARATION

I hereby apply to become a member of Botswana Doctors Union and declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant

Date: _____ (dd/mm/yyyy)

Required Attachments

- Copy Of ID/ Passport

FOR OFFICE USE ONLY

- Approved
 Declined

(.....)
Name & Signature of the Authorised Signatory

On Behalf Of The Executive

Date

BDU STAMP