



Botswana Land Boards Local Authorities and Health Workers Union

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West Avenue
Plot 178
Unit 3

All Correspondence to be addressed to the Secretary General

CONSENT FORM: MEMBERSHIP and BLLAHWU FUNERAL SCHEME

I, _____ of ID No. _____,
authorize BLLAHWU to deduct the sum of P _____, from my bank account being
funds for monthly membership subscription and compulsory funeral scheme.

Member / Employee Details

Employer: Department:

Contact Details: Cell..... Tel (w): Email:

Bank card no:

Expiry date:

Deduction date:

Customer Account Number:

Bank Name:

Subscription P Funeral Scheme P:

Auto Express P..... Legal cover P:.....

TOTAL P:

(as per latest pay slip)

Condition of Employment: Permanent and Pensionable Contract
(tick the most appropriate)

Temporary Industrial Class

Contract of employment expiry date:

Residential Address:

Member/Employee Signature:Date:

FOR OFFICIAL USE

Yours Faithfully

BLLAHWU Authorized Signatory:

Full name:

Job title/occupation: