



LIBERTY

New application Amendment Cancellation

Member Details

Surname..... First Name..... Title.....
 Date of Birth..... Marital Status.....
 Passport/Identity Number..... Gender: Male Female
 Benefits Level Ordinary Standard Silver Gold Platinum
 Postal Address.....
 Telephone numbers: Home..... Work..... Cell:.....

Spouse Details (Under 65 years when joining)

Surname..... First Name..... Title.....
 Date of Birth..... Marital Status.....
 Passport/Identity Number..... Gender: Male Female
 Postal Address.....
 Telephone numbers: Home..... Work..... Cell:.....

Child	Surname	First Name	Date of Birth	Gender	Relationship	Premium	Benefit Level
1							
2							
3							
4							
5							
6							

Parents And Parents in Law

1							
2							
3							
4							

Beneficiary

1							
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ID/passport No:

Premiums

Immediate family premium.....
 Premium for Parents.....
 Total Monthly Premium.....

Supporters Details

Orapa United Supporters.....
 Contact Person.....
 Telephone Number.....
 Postal address.....
 www.orapaunitedfc.com

*I authorise my Orapa United to deduct the total premium on a monthly basis and remit same to Liberty Life Botswana for purposes of maintaining this policy active.
 *I am aware that this policy was extended to me by virtue of my membership affiliation with Orapa United Club, and that the benefit will fall in the event that I leave the membership of the club.
 *This policy is subject to the terms and the conditions as set out in the Master Policy document between the Orapa United Club and the insurer.