MEMBERSHIP TERMINATION FORM

Revised April 2025

BOTSWANA CIVIL SERVICE
PENSIONERS ASSOCIATION
Retired ... not tired

DATE D D M M Y Y

Requirements: One (1) month notice before termination can be effected

SECTION A: TERMINATION REQUEST

I, the undersigned, hereby request the termination of my

- ☐ **Membership** - **BWP**
- ☐ **Funeral Benefits** - **BWP**

with the Botswana Civil Service Pensioners Association (BCSPA), effective as of _____ _____ I understand that I will not be eligible to claim any monies, benefits, or any other entitlements once my membership is terminated.

SECTION B: REASON FOR TERMINATION: *(Tick Where Applicable)*

☐ Financial Constraints ☐ Personal Reasons ☐ Dissatisfaction with Services

Other (Please Specify): _____

_____

SECTION C: MEMBER PERSONAL INFORMATION

Name(s) _____ **Surname** _____

Date of Birth D D M M Y Y **Gender** F M **Marital Status** (tick) Single | Married | Divorced | Widowed

ID/ Omang Number _____

Paymaster _____

Branch _____

Email Address _____

Contact Number _____

SECTION D: DATA PROTECTION CONSENT

In accordance with the Botswana Data Protection Act, I hereby consent to the processing of my personal data, which includes the collection, recording, storage, gathering, use, disclosure by transmission, and dissemination of such information. This will be done in line with the Botswana Civil Service Pensioners Association's services and to manage my membership termination. I understand that my data will be handled with the utmost care and in compliance with applicable privacy laws.

I understand that all specified deductions will cease effective the subsequent month from submission of form.

Signature: _____

Date: _____

Place: _____

OFFICE STAMP

SECTION E: FOR OFFICE USE ONLY

Termination Processed By:

Date of Processing:

Confirmation Sent to Paymaster: D D M M Y Y

Additional Notes: