BOTSWANA CIVIL SERVICE
PENSIONERS ASSOCIATION
Retired ... not tired

JOINING DATE D D M M Y Y

SECTION A: PERSONAL DETAILS

I Wish to apply for membership in the Botswana Civil Service Pensioners Association. Upon admittance I shall abide by the provisions of the Constitution of Botswana Civil Service Pensioners Association.

Please fill in your details clearly.

Name(s) _____ **Surname** _____

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

Nationality _____ **ID/ Omang Number** _____

Paymaster _____

Contact Number (s) _____ _____

Email Address _____

Postal Address _____

Plot No. _____ **Ward** _____

Town / Village _____ **Telephone No.** _____

Preferred Method of Communication ☐ **Phone Call** ☐ **Email** ☐ **SMS**

SECTION B: SPOUSE / NEXT OF KIN DETAILS

Name(s) _____ **Surname** _____

Relationship to Member ☐ **Spouse** ☐ **Next of Kin** **Other** _____

Date of Birth D D M M Y Y **ID/ Omang Number** _____

Gender F M **Contact Number(s)** _____ _____

Email Address _____

CONTACT US:
Plot 64516, Unit 302 ,Showground Close, Gaborone
P .O. Box 21801,Bontleng, Gaborone
(+267) 397 4759
(+267) 72 232 785 / 74 061 123
(+267) 392 8684
enquiries@bcspa.org.bw or bcspa09@gmail.com

SECTION C: PRIVACY & DATA PROTECTION NOTICE

In accordance with the Data Protection Act of Botswana (2024), the Botswana Civil Service Pensioners Association (BCSPA) is committed to protecting your personal data. The information collected in this form will be used solely for:

- ☐ Processing your membership application
- ☐ Communicating important updates and activities
- ☐ Managing your membership records
- ☐ Emergency purposes (in relation to your Next of Kin/Spouse)
- ☐ Compliance with regulatory requirements

Your personal data will be stored securely and will not be shared with third parties without your consent, unless required by law.

As a data subject, you have the right to:

- ☐ Access your personal information
- ☐ Correct or update your data
- ☐ Request deletion of your data
- ☐ Withdraw your consent at any time

SECTION D: DECLARATION & CONSENT *(Tick the Boxes)*

- ☐ I declare that the information provided is true and correct.
- ☐ I consent to the collection and processing of my personal data by BCSPA for the purposes stated above.
- ☐ I understand that I am entitled to a Matshediso benefit of **P2,000.00** (Two Thousand Pula only).
- ☐ I understand that the claim must be submitted within **six (6) months** from the date of death.
- ☐ Failure to pay premiums for **(3) three** consecutive months may result in membership cancellation.

SECTION E: LETTER OF AUTHORISATION *(Tick the Box)*

- ☐ I hereby authorize my paymaster to deduct an amount of **P50 (Fifty Pula)** from my pension each month as a membership subscription fee to the Botswana Civil Service Pensioners Association (BCSPA) starting from _____

Signature: _____ **Date:** _____

Place: _____

1] **Please Attach certified copy of ID/Omang**