



Private Bag 00195, Gaborone, Botswana
Tel: 3158422, 3617000 Fax: 3912066
Francistown: 2412562 Kang: 6517340
Certificate No. 147

REQUEST TO PAY ADDITIONAL VOLUNTARY CONTRIBUTIONS

EMPLOYER/DEPARTMENT : _____

EMPLOYEE : _____

PAYROLL NUMBER : _____

PENSIONABLE SALARY : _____

DATE OF BIRTH : _____

This serves to confirm that I wish to pay Additional Voluntary Contributions to the Botswana Public Officers Pension Fund with effect from _____. The Additional Voluntary Contribution to be deducted is to be at the rate of _____% of my monthly salary or a flat amount of P_____ per month (delete whichever is not applicable).

I understand that:

1. The Additional Voluntary Contributions specified above will be deducted from my monthly salary payable at the end of the month in which I elect to commence these contributions.
2. The maximum Additional Voluntary Contribution that I may pay is 10% of my monthly salary.
3. I may only alter my Additional Voluntary Contribution on 1 April of any year.
4. My Additional Voluntary Contributions will be paid to me upon termination of my membership of the Fund in accordance with the Rules of the Fund and all other prevailing Legislation.

.....
Employee's Signature

.....
Date

.....
Witness

.....
Date

.....
Supervisors/H.O.D's Signature **Date**



Department Stamp

Received By Payroll Department:
Name

.....
Date