



Please use black pen and block letters. If you require any help in completing this form, please contact us on +267 398 1800.

I a pensioner with a regular monthly pension from Here by validate my existence by signing below in the presence of the Commissioner Of Oaths on this day of year

My contact details are as follows:

Postal address

Tel no Cell no Identity no

Signature of Pensioner
 Signature of Commissioner of Oaths
 Designation of Commissioner of Oaths
 Bona Life Representative

I give Bona Life Insurance (Pty) Ltd ("Bona Life") consent to retain my personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.



Official Stamp

***Any one of the following people may act as Commissioner of Oaths:**

Bank Manager, Headmaster of Secondary School, Magistrates, or a member of the Botswana Police Force, a Commissioned officer of the Botswana Defence Force, Chief, Mayor, Local Police and so forth. For further details refer to the Commissioner of Oath Act, (1955).

Once Completed, please return this form to:

Bona Life Insurance
Private Bag 001 AAD, Poso House
Gaborone, Botswana

Email: customerservice@bonalife.co.bw
Tel: 398 1800
Fax: 390 0282
WhatsApp: 76744686

Setlankana sa Gore ke a Tshela

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Nna mogodi yo ke amogelang phenshene ya kgwedi le
kgwedi go tswa mo ke netefatsa gore ke a tshela kago saena fa pele
ga moikanisi/modiri wa BPOPF ka letsatsi la ka kgwedi ya
le ngwaga wa

Aterese ya me ke

Mogala ke Nomoro ya Omang

Mogodi o saena fa Moikanisi Maemo a Moikanisi

I give Bona Life Insurance (Pty) Ltd ("Bona Life") consent to retain my personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.



Setempe sa ofisi ya moikanisi

Fomo e, e romelwa ko atereseng e e latelang:

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Private Bag 001 AAD, Poso House
Gaborone, Botswana

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