



BOTSWANA FINANCIAL INSTITUTIONS AND ALLIED WORKERS UNION (BOFIAWU)

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The Human Resource Manager

_____ (Bank)

Head Office
Gaborone

Dear Sir/Madam

BOFIAWU JOINING FORM

I authorize you to deduct 1% (one percent) of my gross monthly salary with effect from and pay same to Botswana Financial Institutions and Allied Workers Union as my monthly subscription to the Union.

This authority shall remain valid until cancelled by me through the BOFIAWU office.

Name :..... ID No:

Cellphone No: Email address:.....

Branch/Department : Location :..... Employee No:.....

Signature: Date: ____/____/____

- **FOR BOFIAWU USE ONLY** -

Branch Secretary's Signature:.....

Date : ____/____/____

ALL CORRESPONDENCE TO BE ADDRESSED TO THE GENERAL SECRETARY

National Executive Committee