

## Retrenchment Benefit Claim Form

The Fields Precinct, Plot 54349, Office Block B, First Floor, Left Wing, Corner of Molepolole Rd and Western Commercial Rd, Central Business District, Gaborone. Private Bag 00489, Gaborone, Botswana. Tel +267 395 1560/395 1578, Fax +267 395 1627 botswana@legalwise.co.bw, www.legalwise.co.bw

## NB. Please attach a certified copy of the main Member's official retrenchment letter issued by the Employer.

Terms and Conditions Apply

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

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## Disablement Benefit Claim Form

The Fields Precinct, Plot 54349, Office Block B, First Floor, Left Wing, Corner of Molepolole Rd and Western Commercial Rd, Central Business District, Gaborone. Private Bag 00489, Gaborone, Botswana. Tel +267 395 1560/395 1578, Fax +267 395 1627 botswana@legalwise.co.bw, www.legalwise.co.bw

## $NB. \ \underline{\textbf{Please attach a certified copy}} \ of \ the \ Doctor's \ report \ confirming \ that \ the \ main \ Member \ is \ disabled.$

Terms and Conditions Apply

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