

Section D: For Official Use Only

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Processed by: _____

Signature: _____

Approved by: _____

Signature: _____

Documents: Payslip

Bank Statement

Copy of ID



For more information:

Hollard Life: (+267) 363 3060 (+267) 76 230 009 customerservice@hollard.co.bw

Hollard Insure: (+267) 395 8023 servicecentre@hollard.co.bw