

# ADVANCE REQUISITION CONSENT FORM



The Principal Officer in exercising the authority conferred in terms of the Botswana Public Officers Pension Fund Guidelines for the Administration of Pension Benefits, has received the request for an advance of the sum of P \_\_\_\_\_

The approved advance amount will be deducted from the benefits due to yourself \_\_\_\_\_  
\_\_\_\_\_ (full name) and/or dependants of the deceased when paying out the benefits.

Please note that in terms of the Guidelines aforesaid, the advance may not necessarily be granted as requested as this is determined by the size of the fund credit and the liabilities that you/the deceased may have incurred.

## OFFICIAL DETAILS

Name of Ministry/Department: \_\_\_\_\_

Date of Retirement/Death: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Relationship to the Deceased (*where applicable*): \_\_\_\_\_

I \_\_\_\_\_ (full name) of Omang No \_\_\_\_\_  
do state that I understand the implications of requesting for an advance given to me by the Fund. I also declare that the process and implications were well explained to me when the advance request was received by the Fund. I further absolve the Fund, Trustees and officers of the Fund from liability in respect of any suits in connection with the advance granted herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_