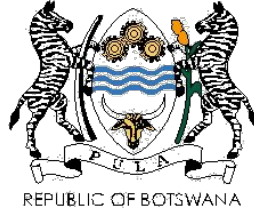


TELEPHONE: 310 4224/ 4246
TELEFAX: 3910356



MINISTRY OF LABOUR & HOME AFFAIRS
DEPARTMENT OF EMPLOYMENT SERVICES
PRIVATE BAG 000354
GABORONE
BOTSWANA

ALL CORRESPONDENCE TO BE ADDRESSED TO THE DIRECTOR

8th January 2026

The Manger
Botswana Insurance Fund Management Limited (Bifm)
Gaborone

Dear Sir/Madam

CONFIRMATION OF INTERNSHIP POSITION

This serves to confirm that _____ of ID No:
_____ is currently on Internship position for a maximum period of **2** years or below. He
/ she will be earning a monthly living allowance of **P2,000.00**.

Below are his / her contact details;

Postal Address: _____

Physical Address: _____

Cell Phone Number: _____

Email address: _____

Signature: _____

This is to request that he/she be assisted with opening of an investment portfolio as per his/ her request.

Yours faithfully,

For/ Director

DES Stamp