



Member Record Amendment Request

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website www.nhp.com.na

Erf 1319, Grove Street
Kleine Kuppe, Windhoek
P.O. Box 23064, Windhoek, Namibia
Reg No: MOHSS 0003

Please note:

In order for the administrator to deliver efficient service to you, it is important that you provide and complete all information as required. Print clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary.

Particulars of principal member (must be completed)

NHP Membership Number (11 digits)	<input type="text"/>	Current Benefit Option	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
	First name(s) <input type="text"/>		
Surname	<input type="text"/>		
Tel (W)	<input type="text"/>	Cell	<input type="text"/>
Email	<input type="text"/>		
Postal address	<input type="text"/>	Postal Code	<input type="text"/>
Physical address	<input type="text"/>		

Request to change of benefit option

Please note:

This written notice to change my benefit option will apply from 1 January for the year. I further understand that I will be responsible for the full payment of the monthly contributions, payable on or before the 7th day of each calendar month.

Benefit Option ☐ Gold ☐ Platinum ☐ Titanium ☐ Silver ☐ Bronze ☐ Hospital ☐ Blue Diamond ☐ Litunga

Change of marital status

- Married - Attach a certified copy of marriage certificate.
- If spouse/partner is to be added - Complete dependant application form.
- Divorced - Attach a certified copy of divorce order. If spouse/partner is to be removed, complete termination of dependant form.
- Widowed - Attach copy of death certificate of spouse/partner.

Marital status	<input type="radio"/> Married	<input type="radio"/> Divorced	<input type="radio"/> Widowed	<input type="radio"/> Cohabiting
Date of marriage/divorce/death	<input type="text" value="DD/MM/YYYY"/>			
Title	<input type="text"/>	Initials	<input type="text"/>	First name(s) <input type="text"/>
Surname	<input type="text"/>			
Tel (W)	<input type="text"/>	Cell	<input type="text"/>	
Email	<input type="text"/>			

Acknowledgment and declaration

I declare that all information provided on this form, to the best of my knowledge is true and accurate. I acknowledge that NHP relies implicitly on the completeness and truthfulness thereof.

Signed at _____ on this _____ day of _____ 20____

Signature of principal member

Signature of company official

Company stamp