We're about you

Newborn registration

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email members@nhp.com.na
website www.nhp.com.na
Erf 1319, Grove Street
Kleine Kuppe, Windhoek
PO Box 23064, Windhoek, Namibia
Reg No: MOHSS 003

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. It is very important that you submit this form to NHP within 30 days of your baby's date of birth. Failure to do so may result in underwriting being applied.*

Section 1 Particulars of principal member

Membership number | Benefit option

Title | Initials | First name(s)

Surname

Section 2 Particulars of newborn baby

Date of birth (D D M M 2 0 Y Y) | Gender

Title | Initials | First name(s)

Surname

Section 3 Particulars of employer *(if applicable)*

Please note *To be completed if employer is responsible for all or part of your contribution.*

Name of employer

Group pay point number

Salary Payroll number

The above details have been noted and contributions will be adjusted in terms of the Fund rules on and include arrears, if applicable (D D M M 2 0 Y Y)

Total current contribution | Total new contribution

Arrears (if applicable)

Name of company official

Signature of company official

(D D M M 2 0 Y Y)
Date

Company stamp

Section 4 Declaration of health

Must be completed by Healthcare Provider, if the mother is not an active member of the Fund

Has your dependent(s), been diagnosed with, been treated for; or suspect that they might have had a problem related to any of the following conditions/disorders?

1. *Any cardiac conditions*
   e.g. Chest pain/angina, heart attack, heart murmur, cardiac failure, palpitations, bypass, high blood pressure (hypertension) etc.
   ☐ Yes ☐ No
2. *Any disorder of the digestive system/liver disorders*
   e.g. Ulcers (please specify), gastritis, piles, jaundice, hiatus hernia, colon problems, Crohn's disease, colitis, pancreas, gall bladder, gastro oesophageal reflux disease etc.
   ☐ Yes ☐ No
3. *Any harelip/clef palate problem?*
   ☐ Yes ☐ No
4. *Any disorder of the respiratory system/lung conditions*
   e.g. Asthma, bronchiectasis/chronic cough, emphysema (COPD), pneumonia, cystic fibrosis, chronic bronchitis etc.
   ☐ Yes ☐ No
5. *Any future operations, treatment, investigations and tests anticipated not mentioned?*
   (within the next 12 months)
   ☐ Yes ☐ No
6. *Any previous operations, diagnoses, conditions, diseases, problems, treatment, investigations and tests not mentioned?*
   ☐ Yes ☐ No
7. *Baby was born at* _____ *Hospital* ☐ *Full term* ☐ *Premature*
8. *Gestational age* _____ *weeks*
9. *Height (without shoes)* _____ *cm*
10. *Weight (without shoes)* _____ *kg*

If you/your doctor have answered 'yes' to any of the above questions please complete the details below in full. If more space is needed, please attach list. If you are HIV positive, please contact our AfA Programme upon approval of your application.

No	Detail
☐	
☐	
☐	
☐	
☐	

Section 5 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. Should my application be accepted by NHP, the contents of this application shall constitute part of the terms of my agreement with NHP.

Signed at _____ *on this* _____ *day of* _____ *20* _____

_____
Signature of principal member

_____
Signature of witness

Practice stamp

_____
Signature of doctor

D	D	M	M	2	0	Y	Y

Date