



We're about you

Termination request

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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.

Particulars of principal member (must be completed)

Membership number Benefit option
Title Initials First name(s)
Surname

Termination of membership (if applicable)

I hereby wish to terminate the above membership effective from

Termination of dependant(s) (if applicable)

I hereby wish to terminate the following dependant effective from Dependant code

Relationship to principal member Spouse Partner Additional adult Child

Title Initials First name(s)
Surname

Reason for termination

Dependant is over 25 years Dependant is over 21 years Financial constraints Deceased
 Joining spouse's/partner's medical aid fund Fund name
 Joining another medical aid fund Fund name
 Other (please specify)

Acknowledgment and declaration

I hereby give one calendar month notice period by signing this termination form and certify that the information provided herein is true and correct.

Signature of principal member

Date

Company stamp