



Undertaking to reimburse NHP

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 website www.nhp.com.na
 Erf 1316, Grove Street
 Kleine Kuppe, Windhoek
 PO Box 23064, Windhoek, Namibia
 Reg No: MOHSS 003

Please note To be completed by the principal member in respect of all claims from which any other party may be liable. 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	<input type="text"/>	Benefit option	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
		First name(s)	<input type="text"/>
Surname	<input type="text"/>		
Tel (H)	<input type="text"/>		Tel (W)
Cell	<input type="text"/>		Fax
Email Address	<input type="text"/>		

Acknowledgment and declaration

I hereby undertake to refund NHP, any and all sums of money dispersed to me or on my behalf in respect of expenses incurred for treatment of injuries, illness or conditions resulting from any accident or incident which too place on _____ day of _____ 20____. Subject to any apportionment which may be applied, I undertake to make such refund to NHP upon receiving such payment from the other party.

In the event that I, with such diligence as shall satisfy the committee of NHP prosecute and pursue any and all rights to compensation from any person or persons against whom I may, in lay, be entitled to recover damages and costs sustained as a result of such injury, illness or condition from any accident or incident and shall fall to recover any such compensation, at the discretion of the committee of NHP may agree to release me from this undertaking, in this regard, I undertake to provide NHP with documentary proof of the institution of a claim and proof of the failure or repudiation of such claim, within one calendar month of same occurring.

_____ Name of principal member	_____ Name of witness 1	_____ Name of witness 2
_____ Signature of principal member	_____ Signature of witness 1	_____ Signature of witness 2
<input type="text"/> Date	<input type="text"/> Date	<input type="text"/> Date

