



We're about you

Membership details update

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PO Box 23064, Windhoek, Namibia
Reg No: MOHSS 003

Compulsory
Bank stamp

Please note In order for the administrator to deliver efficient service to you, it is imperative that all sections of this application form are completed in full. Failing this may cause delay in the processing of the application. Print clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary.

Section 1 Membership details update (must be completed)

Membership number Current benefit option

Title Initials First name(s)

Surname

Tel (H) Tel (W)

Cell Fax

Email

Postal address Postal code

Section 2 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

Section 3 Refund of claim payments/debit order instruction

Please note If the below banking details are not correct, the Fund will not be able to settle your claims. This is a condition of membership stipulated in the Rules of the Fund. It should be noted that this is not a debit order mandate. NHP will not be responsible in any way for the amounts refunded once claims have been refunded into the bank account you have chosen.

Please provide the following documents:

1. If account holder differs from that of principal member, an affidavit is required.
2. Copy of the account holder's ID.
3. Copy of the bank statement and letter from the bank/bank letterhead confirming the account holder's details.
4. Account holder's signature.

Use this bank account for contribution collections and claim refunds Use this bank account for refunds only

Account holder Title Initials First name(s)

Surname

Bank Branch Branch code

Type of account Account number

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_____

Company stamp

Signature of principal member

Signature of company official