



We're about you

## Membership details update

Compulsory  
Bank stamp

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Reg No: MOHSS 003

**Please note** In order for the administrator to deliver efficient service to you, it is imperative that all sections of this application form to be 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

Physical address

### 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/cancelled cheque/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

8 \_\_\_\_\_  
Signature of principal member

\_\_\_\_\_  
Signature of company official