



We're about you

## Member record amendment request

Compulsory  
Bank stamp

tel 061 285 5400  
fax 061 230 465  
email members@nhp.com.na  
website www.nhp.com.na  
Unit 2, Demushuwa Suites, Corner of Grove and Ombika 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 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.

### Particulars of principal member (must be completed)

Membership number  Current benefit option   
Title  Initials  First name(s)   
Surname   
Tel (W)  Cell   
Email

### Request to 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

### Change of marital status

- Married - Attach a certified copy of marriage certificate.
- If spouse/partner is to be added - Complete dependant application form.
- Divorced - Attach a certified copy of divorce order. If spouse/partner is to be removed, complete termination of dependant form.
- Widowed - Attach copy of death certificate of spouse/partner.

Marital status  Married  Divorced  Widowed  Cohabiting  
Date of marriage/divorce/death      2  0     
Title  Initials  First name(s)   
New surname (if applicable)   
Tel (H)  Tel (W)   
Cell  Fax   
Email

### 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 \_\_\_\_\_

Signature of principal member

Signature of company official

Company stamp

Company stamp