



We're about you

Verification of dependant status

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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

Particulars of dependant

Date of birth Gender

Title Initials First name(s)

Surname (if different from principal member)

Statement relevant to the motivation of this application

Are you applying for extended membership for dependant? Yes No

Are you requesting for termination of dependant membership? Yes No

Please contact my dependant for individual membership Yes No Contact number

I confirm my dependant's status as follows and agree to contribute any additional contribution which may apply to his/her extended membership (please mark with an X to the relevant statement)

- Is in receipt of a monthly income of (please provide proof)
- Is not in receipt of any income
- Resides with me
- Does not reside with me, please specify
- Is not dependant on me
- Is a full time student and I attach proof of university registration
- Is unemployed due to a physical or mental disability, please specify and attach a doctor's certificate
- Is married
- Is not married
- Is not in permanent employment and intends continuing studying part time, requiring extended membership (please provide motivation and proof re-maintenance and support)

Principal member 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.

Signature of principal member

Date

