Namibia Medical Care
PO Box 24792
WINDHOEK, NAMIBIA

Tel. (061) 287 6040
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APPLICATION TO EXERCISE OPTION CHANGE - 2012

SURNAME

INITIALS

MEMBERSHIP No.

E-MAIL ADDRESS

CELL No.

CURRENT OPTION: 2011

Indicate with an X:

POWER PLUS	PROTECTOR HEALTH	RUBY	SAPPHIRE	DIAMOND	*EMERALD	*ESSENTIAL PLUS

NEW OPTION: 2012

Indicate with an X:

POWER PLUS	PROTECTOR HEALTH	RUBY	SAPPHIRE	DIAMOND	*EMERALD	*ESSENTIAL PLUS

***ESSENTIAL PLUS & EMERALD**
Should you choose ESSENTIAL PLUS or EMERALD, any amount in N$100 can be saved in the Accumulation Fund.

Amount you wish to save every month **N$**

You can also choose to deposit a once-off amount **N$**

1. Should you be registered as an individual member, this application form must reach our offices on or before 16 January 2012 (either by post or fax).
2. Members who are registered under a group scheme must please forward the option change form to their Human Resources Department, where changes must be recorded and then forwarded to NMC.
3. **Kindly take note**, should NMC not receive your application for option change on or before 16 January 2012, it will be assumed that you remain on the same option as 2011.
4. **PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM AS WELL.**
5. Would you prefer to receive your remittance statement via e-mail? YES NO
   NB: Please ensure that you e-mail address is correct on the reverse side of this form.

PLEASE NOTE: You have until 16/01/2012 to make your decision. The change becomes effective January 1, 2012.

.....
SIGNATURE OF MEMBER

DATE.....

.....
APPROVAL OF COMPANY
(Signature of Company Official)

COMPANY STAMP

EFT APPLICATION FORM

YOUR BANK ACCOUNT DETAILS

MEMBERS No.:

SURNAME OF ACCOUNT HOLDER:

INITIALS

ACCOUNT No.:

BANK/BUILDING SOCIETY

BRANCH:

TYPE OF ACCOUNT:

6-DIGIT BRANCH CODE:

YOUR PERSONAL DETAILS

P O BOX:

STREET ADDRESS:

TELEPHONE: WORK:

HOME:

FACSIMILE: WORK

HOME:

CELL NO:

E-MAIL