



Application Form For e-Med

Account Details (To be completed in Capital Letters)

Member Number:	
Title:	
Initials:	
First Name:	
Surname:	
E-mail Address:	
Home Phone: ()	Home Fax: ()
Work Phone: ()	Work Fax: ()
Cell Number:	
FOR OFFICE USE ONLY	
Password:	
Comments:	

Minimum System Requirements

- **Windows 95/98/2000/XP**
- **Internet Explorer Version 4.0/Netscape**
- **Modem (28800 Kbps)**

Signature: _____ Date: ____/____/____

**Send to: Information Systems Department
METHEALTH NAMIBIA ADMINISTRATORS**

FAX: (+264 61) 287 6024

TEL: (+264 61) 287 6000

E-mail: isdata1@methealth.com.na

INDEMNITY CLAUSE

Since all claims history will be updated weekly, no responsibility can be accepted by **Methealth Namibia Administrators (Pty) Ltd** for outstanding claims that have not been registered at the time of access to the Internet.

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