

APPLICATION TO EXERCISE OPTION CHANGE - 2023

SURNAME	<input style="width: 100%; height: 20px;" type="text"/>
INITIALS	<input style="width: 100%; height: 20px;" type="text"/>
MEMBERSHIP No.	<input style="width: 100%; height: 20px;" type="text"/>
E-MAIL ADDRESS	<input style="width: 100%; height: 20px;" type="text"/>
CELL No.	<input style="width: 100%; height: 20px;" type="text"/>

CURRENT OPTION: 2022
 Indicate with an X:

CARE	PRIME	ESSENCE	ESSENCE HOSPITAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW OPTION: 2023
 Indicate with an X:

CARE	PRIME	ESSENCE	ESSENCE HOSPITAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 January 2023

2. Kindly take note, should Bankmed Namibia not receive your application for option change on or before 16 January 2023, it will be assumed that you remain on the same option as 2022.
3. **PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM AS WELL.**
4. Would you prefer to receive your remittance statement via e-mail?

NB: Please ensure that your e-mail address is correct on the reverse side of this form.

SIGNATURE OF MEMBER

DATE

APPROVAL OF COMPANY

COMPANY STAMP

EFT APPLICATION FORM

YOUR BANK ACCOUNT DETAILS

MEMBERS No.:	<input type="text"/>
SURNAME OF ACCOUNT HOLDER:	<input type="text"/>
INITIALS:	<input type="text"/>
ACCOUNT No.:	<input type="text"/>
BANK	<input type="text"/>
BRANCH:	<input type="text"/>
TYPE OF ACCOUNT:	SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/>
6-DIGIT BRANCH CODE:	<input type="text"/>

** ATTACH BANK CONFIRMATION LETTER

YOUR PERSONAL DETAILS

P O BOX:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>
TELEPHONE:	WORK: <input type="text"/>
	HOME: <input type="text"/>
FACSIMILE:	WORK: <input type="text"/>
	HOME: <input type="text"/>
CELL NO:	<input type="text"/>
E-MAIL:	<input type="text"/>