

e-Employer Application Form

Employer Information

Account Details *(To be completed in block letters)*

Medical Aid Group Number	
Corporate Name:	
Postal Address:	
Physical Corporate Address:	
E-mail Address:	
Surname:	
First Names:	
Title:	
Work Phone:	()
Fax:	()
Cell Number:	
.	

For Office Use Only

Submitted By:	
Login:	
Password:	
Comments:	

Minimum System Requirements

- Windows / Linux / MacOSX
- Supported Browsers: Internet Explorer, Mozilla Firefox / Safari – Latest Versions
- Broadband Internet Connection (ADSL/4G/3G)

Signature: _____

Date: _____

Send to: **Information Systems Department**
METHEALTH NAMIBIA ADMINISTRATORS
Fax: (+264 61) 287 6024
Tel: (+264 61) 287 6000
E-mail: isadmin@methealth.com.na

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