

**Account Details** (To be completed in block 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 / 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

**INDEMNITY CLAUSE**

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