

P.O. Box 24792 Windhoek, Namibia Tel. (061) 287 6040 Fax (061) 287 6059

E-mail: FinReception@methealth.com.na

## **2021 APPLICATION TO EXERCISE OPTION CHANGE**

Surname	[						I																																
Initials																																							
Membership																																							
E-mail																																							
Cell																																							
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(Signature o	of Company	Off	cial	)																																			



**Namibia Medical Care** P.O. Box 24792 Windhoek, Namibia Tel: 061 287 6040

Fax: 061 287 6059

## **EFT APPLICATION FORM**

## **Your Bank Account Details**

Membership No.																															
Account Holder's Surname	e [																														
Initials																															
Account No.																															
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Branch Name																															
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Type of Account			Сι	urrer	nt				S	aving	gs																				
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Member's Signature												-							Date D D M M Y Y						Υ						
For Bank Use																															
I hereby confirm that the i	hereby confirm that the information provided herein is accurate, correct and complete.																														
Bank Official's Signature	-												D	ate	D	D	M	M	Υ	Υ	BANK STAMP										