

C. OFFICE USE

OFFICER: —

MAIN MEMBER IDENTITY VERIFIED:

PROOF OF IDENTITY ATTACHED:

Namibia Medical Care
Tel: (061) 2876000
P.O. Box 24792
WINDHOEK, NAMIBIA
Email: enquiries@methelath.com.na



## Health SmartCard Lost / Additional Card Application Form

PLEASE COMPLETE ALL THE APPLICABLE SECTIONS IN FULL NAME OF PERSON FOR WHOM THE ADDITIONAL / NEW CARD IS FOR: **Lost Card** Main Member Tracking No. Receipt No. Additional Card Dependant **Total Cards:** Main Member Dependant A fee of N\$50.00 is charged for the additional or replacement card. This must be paid in cash or via EFT. **BANK**: **FNB** ACCOUNT NAME: **NMC BRANCH CODE:** 281972 ACCOUNT NUMBER: 555 000 58207 ACCOUNT TYPE: **CHEQUE** A. PARTICULARS OF PRINCIPAL MEMBER AND DEPENDANT(Please print in block letters) **MAIN MEMBER** ID/PASSPORT NO: MEMBERSHIP NUMBER: TITLE: Prof/Dr/Mr/Mrs/Miss etc. SURNAME: FIRST NAME/S: **DEPENDANT** TITLE: Prof/Dr/Mr/Mrs/Miss etc. SURNAME: FIRST NAME/S: STREET **POSTAL ADDRESS:** ADDRESS: HOME TEL CODE AND NO: WORK TEL CODE AND NO: **CELL NO:** FAX NO: DATE OF BIRTH: **SINGLE MARRIED DIVORCED WIDOWED MARITAL STATUS:** E-MAIL ADDRESS: PROOF OF IDENTITY (CERTIFIED COPY OF ID / PASSPORT / BIRTH CERTIFICATE) NEEDS TO BE ATTACHED 1. I The undersigned, apply for a Health SmartCard and agree that all information contained in this application and all documents which are required by Namibia Medical Care shall be warranted as true and complete. 2. The cost for an additional or replacement Health SmartCard will be payable by myself or my dependant. 3. I authorise Namibia Medical Care to issue the Health SmartCard as per request to my dependant. Signed at - on the — **SIGNATURE OF OFFICER** SIGNATURE OF APPLICANT Card received by \_\_ \_\_ 20 \_\_

**DEPENDANT IDENTITY VERIFIED:** 

PROOF OF IDENTITY ATTACHED:

SIGNATURE: \_