BANKMED Namibia
Tel.:061-2876000
P.O. Box 97203
WINDHOEK, NAMIBIA

APPLICATION FOR EX GRATIA

A. DETAILS OF PRINCIPAL MEMBER (Please print in block letters) **- TO BE COMPLETED BY THE APPLICANT**

Title: Prof/Dr/Mr/Mrs/Miss etc. Surname:

First names:

Date of birth: - -

Membership No: Cellphone number: -

Telephone number (H): - Telephone number (W): -

E-mail (Principal Member)

E-mail (Spouse):

B. DETAILS OF PATIENT

Title: Prof/Dr/Mr/Mrs/Miss etc. Surname:

First names:

Date of birth: - -

Own Monthly income: Spouses monthly income:

C. MEDICAL REPORT TO BE COMPLETED BY MEDICAL PRACTITIONER

Diagnosis (please attach detailed motivational letter & photographs where applicable):

Medical history:

Treatment and medication required (attach detailed quotation from medical practitioner or service provider):

Doctors' name:_____ Signature:_____

Practice number: _____ Date:_____

D. MEMBER MOTIVATION - TO BE COMPLETED BY THE MEMBER

Member motivation:

E. COMPULSORY

Please attach the following:

1. Proof of income (copy of salary slip / pension income / other)
   a) Main Member
   b) Spouse
   c) Cohabitant partner (As per Fund Rule)
2. Copies of all accounts related to the ex gratia application

F. IMPORTANT

1. Ex gratia requests are never paid at 100% of the outstanding amount, the percentage Ex Gratia allocated is awarded according to the Ex gratia protocol.

2. This application will not be submitted to the committee should any section be incomplete / all documents not be attached.

3. Ex gratia payments may not be considered in advance of any excess in benefit arising.

4. Ex gratia payments may only be made by the committee at its absolute discretion provided it is satisfied that extreme hardship Would otherwise be imposed upon the member.

I, the undersigned, hereby certify that the information stated in this document is complete, true and correct:

Signature of applicant

Date